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In the Other Room: Entering The Culture of Motherhood

by

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"(T)he extent and nature of relationships between mothers might be critical to the quality of women's experiences of motherhood"
(Mauthner 1995: 320).

"It's often easier for women to trust one another, to try to speak our experience in our own language, the language we talk to each other in, the mother tongue; so we empower one another"
(Le Guin 1989: 151).

Dedicated to the 53 women who shared with me the stories of their journeys into motherhood.

Abstract

A diverse sample of fifty-three women were interviewed about their first journeys into motherhood. The interviews focused on the social, cultural, and relational shifts that mark the entrée into motherhood, with particular attention being paid to "the culture of motherhood," the cultural, discursive space that women enter when they become mothers. Women's subjective experiences of pregnancy are analysed with consideration of the ways in which other pregnant women and mothers help women to articulate and validate their pregnancy experiences. The ritualistic aspects of the journey into motherhood are examined, including such events as baby showers and prenatal classes. Of marked significance are the birth stories that women begin to hear during pregnancy and which they are expected to share after giving birth. Relationships with family, friends and partners are all impacted by the advent of motherhood. Although relationships with parents, siblings, partners and friends are all discussed, particular emphasis is placed on the relationships that mothers have with other mothers. Most mothers report that they have a great deal of contact with other mothers and that such contact is very valuable to them in a number of ways. Nonetheless, the ambivalence expressed by many women around the notion of being *like* other mothers reveals tensions in women's constructions and maintenance of sense of self-as-mother, tensions that reflect the larger social devaluing of motherwork and motherhood experiences.

Preface

Let me begin by explaining the title of this monograph. The phrase "in the other room" is from an essay by Ursula Le Guin (1989:156) in which she compares what she calls the "father tongue" and the "mother tongue." The father tongue, she says, is the language of power and public discourse, the language of science, classification and instruction, and "the language of thought that seeks objectivity" (148). The mother tongue, on the other hand, is the language of daily experience, the language of emotion and connection, it "is language not as mere communication but as relation, relationship" (149). Under patriarchy, it is the father tongue that tells the stories of the world and its inhabitants. Through a patriarchal lens, or via a patriarchal ear, women's talk of their experiences, the talk that connects them to each other, can sound like "babble, gabble all the time" (151).

Experiences that are unique to women, claims Le Guin, are of interest only insofar as they benefit men, or touch on their lives, and are articulated by the father tongue accordingly. When it comes to motherhood, Le Guin argues, "we are *not to talk about*[1] having babies, because that is not part of the experience of men and so nothing to do with reality, with civilization, and no concern of art" (156). Birth is articulated by the father tongue in terms of its product, the baby. The processes of gestating, delivering, nursing and nurturing the child are not spoken of in the father tongue; they are what happen "in the other room," the room the men are not in. Le Guin contends that "(e)ven in novels by women we are only just beginning to find out what it is that happens in the other room - what women do" (156).

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[1] Italics in original.

It would be easy to over-state or to essentialise arguments such as these. Le Guin does not argue, and we should not assume, that there are innate differences within actual men and women that lead them to speak different languages. Differential positioning within a patriarchal power structure and differential access to power and authority (and to the power and authority to define power and authority), can explain how men and women, in very general ways, might end up with differing world views and experiences and different ways of articulating those views and experiences (Smith 1987). Additionally, men and women do not inhabit wholly separate worlds; women work alongside men in the world of paid work and men have certainly both entered the birthing chamber and involved themselves in "hands-on" parenting.

Nonetheless, childcare remains primarily the work and responsibility of women. Childcare, in other words, tends to be mothering. Mothering, the actual tasks as well as the narratives of maternal experiences, is shared among mothers. This sharing can take place inside homes or outside them and often it takes place in the presence of fathers. The other room, then, is not so much a separate physical space as a type of parallel universe. It is the cultural and discursive space occupied by mothers - what I refer to as "the culture of motherhood."

Acknowledgements

My deep thanks to the women who participated in this research. I am gratified that they trusted me with their stories, thoughts and experiences. My hope is that they will feel that I have treated their words and insights honourably. Special thanks to my friend Sandra Rastin who became pregnant during this research and who graciously invited me along as a confidant on her journey into motherhood, going so far as to encourage me to be part of her birthing team. That may well have been the only real birth I will ever witness and words cannot capture my amazement and gratitude at being allowed to be present at such a sacred event. Particular thanks, also, to Audrey Gardner for, once again, allowing my research to intrude upon her life and for very graciously hosting the focus groups.

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My partner, Kris van Eyk, has been an integral part of this project from the beginning. She drove me to interviews, listened for hour after hour to my thoughts and analyses, and sat - patient, attentive and (usually) conscious - while I read each new chapter to her. She made cups of tea, sandwiches, dinners and learned to inquire discretely about my progress. Important though all of this is, what ultimately matters more is simply the life that I have with her. The home, the friendship, the partnership and love we share make it possible for me to go out into the world and to do my work as a balanced and happy person.

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Chapter One

Conception

"First childbirth has a capacity that other births do not have
to brand reproduction with a lasting meaning for the mother,
to influence all other reproductive experiences.
And it is a turning point, a transition, a life crisis:
a first baby turns a woman into a mother, and mothers' lives
are incurably affected by their motherhood" (Oakley 1979:24).

Motherhood changes everything. The rapid transitions that occur in women's lives, bodies and identities as they journey into motherhood are largely without parallel. A woman entering (or occupying) motherhood experiences changes in her bodily appearance and functions; in her emotions and psychology; in her sleep schedule, work schedule and the tasks she performs; in her social circle; her sense of self; her sexuality and the roles she plays. These dimensions of life are never completely static for anyone, but the speed, ubiquity and pervasiveness of change that accompany motherhood are unique among life transitions. Sociologists speak of motherhood as an "achieved status," denoting that motherhood places women in a new social category. It would appear, in fact, that motherhood also places women in a whole new cultural space.

The motherhood metamorphosis is embedded within, is facilitated and constrained by, and is reified and rendered articulable within particular social, cultural and historical contexts. These processes, however, frequently remain invisible, or obscured by romantic sentimentality, to all but the women who are experiencing them. In her omnipresence, "mother" becomes the taken-for-granted, and the real, live women who occupy the role of "mother" are left to negotiate, by themselves and with each other, the tensions between the ideals and the realities of motherhood.

We often speak easily, too lightly, of someone becoming a mother, generally when she has given birth or adopted a child, without giving much thought to what this "becoming" is. There is a general social acknowledgement that motherhood entails the care and nurturance of children and, accordingly, we find a wealth of materials, including books, magazines and videos, designed to assist women in doing that. Much less attention, by academia or by popular culture, is paid to the subjective experiences of women as they traverse motherhood. I mean "traverse" here in both of its major senses, as a journey through a terrain and as a thorough exploration and discussion of a subject.

The latter meaning is of particular interest; we all travel through our various life experiences but there are few "personal" transitions which automatically make a person a member of an identifiable social group the members of which actually seek out each other for the purpose of discussing and sharing their experiences as members of that group. For example, university graduates, professionals, married people, all people who have experienced status and identity transitions, do not generally seek out similar others specifically for the purpose of discussing what it is like to be a university graduate, a professional or a married person. They are not on the lookout for similar others, catching their eye in public places and striking up conversations in parks and grocery stores about their shared experiences. But mothers are; mothers do engage in these types of activities.[1]

In making the personal transition to motherhood, women also make a social transition both in terms of their roles and status, and in terms of the complex and conflicted social meanings attached to their new roles and status. Furthermore they enter, willingly or not, a community of people who are generally identified by the "outside" world as having much in common and who sometimes identify themselves as having some things in common. Not all wish to enter this community, not all feel that they *have* entered this community and not all are equally welcomed by this community but none is left untouched by it and very few are totally isolated from it. It is with this community, and the entrée therein, that my research has been concerned. Much as an anthropologist would study any new culture, so have I undertaken to develop a grounded theory (Glaser and Strauss 1967) of the culture of motherhood.

---

[1] So, to some extent it appears, do members of some other subcultural groups; gay and lesbian people and members of visible minority groups often identify and acknowledge each other, and occasionally do seek out each other for the purposes of discussing what it is like to be gay, lesbian or a member of a visible minority group.

Background

In the early 1990s, I spoke with a sample of lesbian mothers in Alberta about their experiences of motherhood (Nelson 1996). There are two primary means by which, in the course of that research, I became aware of the presence of a “culture of motherhood.” First, as a non-mother, I sometimes encountered the disdain that some mothers can have for non-mothering people who presume to speak authoritatively about motherhood. I, like many men and unchilded women had heard statements along the lines of "no, if you're not a mother, you cannot understand this." I was aware that, at the very least, there is some realm of knowledge, and some claim to authority, that is solely maternal. This, of course, does not necessarily constitute a culture although it can be an important part of one.

Second, the idea of a culture of motherhood became clearer to me as lesbian mothers told me about conversations they had with other mothers. In particular, donor insemination mothers told of questions other mothers asked them that they found problematic. These include "is his father's hair that colour?", "which of you is the mother?", and "how was the labour/are you still nursing?". At first I was taken aback that people would ask these kinds of personal questions of strangers, in public places, but was soon informed that this is how mothers speak to each other, these are the things mothers discuss. Thus sensitized to a form of exchange of which I had been previously unaware, I began to hear my respondents speak of the "mommies’ club" and "the inner circle" to which the biological mothers were admitted by virtue of their maternity but within which they felt marginal (or even invisible) due to their lesbianism. The non-biological mothers often felt that they were not welcomed into the inner circle at all; they had no traditionally identifiable claim to the status of motherhood. The parameters of the culture of motherhood began to emerge. It appeared that mothers occupy a particular cultural space with its own entrance requirements, discourse and ideologies.

Studying Motherhood

Motherhood is a topic of interest in many disciplines but much of the mass of information about motherhood talks *around* motherhood, *about* motherhood, without speaking *of* motherhood *from within it*. Jackson (1992: 3) claims, in fact, that, despite "endless amounts of secondary material on the concept and institution of motherhood," there exists an actual "conspiracy of silence around ordinary motherhood." She explains that in reviewing literature on motherhood (ranging from self-help literature to fiction) she found that "there seemed to be a hole in the culture where mothers went." She goes on to say that "motherhood may have become an issue, but it's not yet a narrative."

This silence around the experiences of motherhood leads to what Jackson calls "maternal amnesia," a tendency mothers have to forget or subsume those experiences for which they have no language in the first place. She contends (1992: 4) that

> (w)ith cunning reverse psychology, our culture encourages this amnesia, simply by excluding mothers from its most conspicuous rewards - money, power, social status. Everything from the shameful wages for day-care workers to the isolation of the at-home mother is evidence of how, despite lip service and pedagogical theories, our culture remains inimical to children and to the people raising them.

Contrary to Jackson's claim, however, there is not complete silence around the experiences of motherhood. A sizable number of researchers and writers, particularly those working from a feminist perspective,[2] have taken on the challenge of bringing the voices and experiences of mothers into some sort of mainstream discourse. These researchers have demonstrated the importance of studying motherhood from the perspectives of mothers themselves. Although these efforts have created room for mother's voices in mainstream, feminist and/or academic discourse about mothering, they have generally not captured the discourse of mothering that occurs among mothers. So the problem is not so much that we never have a chance to hear what mothers have to say about mothering; the problem is that we have not had much of a chance to hear, or contemplate, what mothers say *to each other* about mothering. In an anthropological sense this discourse, or narrative, and the culture giving rise to it, needed to be unearthed.

There are several reasons why studying mothers, as a social group, is so very important. First, mothers occupy a cultural space that has not, to this point, been studied *as* a cultural space; doing so uncovers dimensions of becoming and being a mother that have been, for too long, overlooked. Second, mothers as a group, however loosely defined, are a centrally significant body in the social construction of motherhood (and childhood), in the cultural transmission of those constructions, and even in the resistance to, and refutation of, those constructions. Third, mothers, as a group that has the power to admit newcomers, play an essential role in facilitating or hindering individual women's achievement of the status of "mother." Fourth, there is a great deal of "identity-work" that goes on in the interactions between mothers as they negotiate and articulate profound shifts in their senses of self. Fifth, the self-identification and articulation of one's position relative to the group (i.e. as a member, as marginal, as a non-member) is also central to identity-building for women. Sixth, other mothers are often essential in making it possible for any individual mother to actually do the job of mothering; whether providing pragmatic advice and assistance or simply offering adult companionship, other mothers are often any individual mother's "life-line." This leads to the seventh point, that the conceptualisation of motherhood as a job performed by individual women, within the confines of their own homes and families, reflects a traditional patriarchal view of motherhood that would perceive mothers as occupants and possessions of individual households. This has never been women's experience of motherhood, even when women have been physically isolated from each other in separate domiciles (as is the current norm in Canada.). One of my participants explained that viewing motherhood as an individual undertaking is like trying to imagine one hand clapping; motherhood is an intrinsically social activity. If we wish to produce a sociology that illuminates women's lives by starting at the level of their lived experiences (Smith 1987), then we must examine motherhood as the distinct social world that it is.

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[2] Including: Bergum 1989, 1997; Blum and Deussen 1996; Bobel 2002; Boulton1983; Brown and Small 1997; Chase and Rogers 2001; Fox 1998, 2001; Fox and Worts 1999; Hays 1996; Kaplan 1992; Lewin 1993; McMahon 1995; Nelson 1996; Nicolson 1998; Oakley 1979; Pollock 1999; Ribbens 1995; Walzer 1996, 1998; Wearing 1984.

I will explain some of my central concepts below. I will also elaborate much more fully the above arguments in the chapters that follow.

Culture and Subculture

There is no consensus in the literature as to what exactly culture is, what would constitute a cultural study or which methodological approaches would be most appropriate. Although this allows a degree of creative freedom in designating something as a cultural study, it can contribute to a certain murkiness when one tries to "pin down" exactly what one is studying. I believe, however, that this murkiness should be embraced rather than feared. Even if it were possible to give a definitive and irrefutable account of what culture "is," we are still faced with the knowledge that people's positions within and outside of the culture, their relationships to the culture and its products, and the inter-relationships of culture and identity are never black-and-white. This is not to say that there is no such thing as culture but it does suggest that "culture," both as concept and as lived experience, is multidimensional. Cultural research must be sensitive to the fluid multidimensionality of culture and of what might be called "cultural experiences."

Thompson (1990) offers a useful overview of the major conceptualisations of "culture" in the last couple of centuries, two of which are of particular interest to me. Thompson speaks, first, of the "descriptive conception" of culture, arising from the anthropological interest in the scientific study of culture and referring to the "varied array of values, beliefs, customs, conventions, habits and practices characteristic of a particular society or historical period" (123). Although Thompson quickly dismisses this conceptualisation as too broad to be of practical use (130), I will suggest that there is still use to be made of this conception.

Thompson's preferred conceptualisation is what he refers to as the "structural conception," of culture which he explains "emphasizes *both* the symbolic character of cultural phenomena *and* the fact that such phenomena are always embedded in structural social contexts" (136). This is largely consistent with McCarthy's (1996) symbolic interactionist inspired, Sociology-of-knowledge conceptualisation of culture whereby she argues that knowledge, and the symbolic creation and transmission of it, *is* the substance of culture.

McCarthy seems able, however, to link together both of Thompson's conceptions when she argues that "human experience is constituted by both the content and the manner of its conceptualization, that is, by cultural knowledge in the form of a society's languages, its beliefs, its norms, and its world view" (2). She goes on to claim that it "is only through language, categories of thought, norms, and so forth that experiences take on a conscious and communicable shape" (2). In my reading of McCarthy, the implication then is that Thompson's conceptualisation of culture as a socially situated symbolic system can, in fact must, be understood to include the symbolizations (and communications thereof) of such things as values, beliefs, customs and norms.

We should also draw to the fore another important thread in contemporary cultural theorising, specifically the link between culture and ideology. When considering this link, we run, first of all, into the debate over the nature of "ideology," the terms of which Thompson (1990) claims revolve around the question of whether "ideology" is a neutral or negative term in its connotations. Thompson and McCarthy, among others, argue for the negative understanding of ideology; essentially that ideology serves to sustain and protect the interests of the powerful in a number of different ways, one of which is by obfuscating the social reality of competing power interests.

I do not believe that it is necessary to embrace the negative conceptualisation of ideology to allow that ideology can be an instrument of power. Although it is probable that any particular set of ideas or system of thought is associated with a particular group and with their particular interests, it is not necessarily situated in opposition to other sets of ideas nor is it necessarily used in the maintenance of an unequal power distribution, although it can be.

One of the findings of my research is that there are competing ideologies of motherhood regarding experiences, practices, and philosophies. The debate between these various ideologies can be seen as a power struggle if we define authority or "rightness" (which is nonetheless never definitively established) as power. In this sense all knowledge systems are engaged in a competition to prove their ultimate rightness with the power of authority going to those who are most convincing. However, this is not necessarily a zero-sum conceptualisation of power and it is a conceptualisation that does not necessarily equate power with domination and/or exploitation (an equation which Thompson, for
7 one, makes). For example, as we will see, apparently competing maternal ideologies *can* be used to educate, empower and can cross-inform each other.

Culture, then, is composed of ideology, symbols, norms, values, beliefs, practices, language and the communicative transmission of all of these elements. When we contemplate the cultural space shared by mothers, we see that it would be most accurate to call it the *sub*culture of motherhood. Short (1992:360) defines subcultures as "shared systems of norms, values, or interests that set apart some individuals, groups, or other aggregations of people from larger societies and from broader cultural systems." He explains further that the "critical elements" of a subculture are

> (1) the degree to which values, norms, and identities associated with membership in a category or with types of behaviour are shared, and (2) the nature of the relationships, within some larger cultural system, between those who share these elements and those who do not.

This definition of subculture offered some starting points for my research, namely shared norms, values and identities. There is also a suggestion in this definition that subcultures have ways of delineating those who are "in" from those who are not. Ann Swidler (1986:273) suggests further that culture is a "tool kit of symbols, stories, rituals, and world views, which people may use in varying configurations to solve different kinds of problems." If mothers do actually occupy a cultural space, then we would expect to find most, if not all, of these elements present.

The (sub)Culture(s) of Motherhood

The meaning of the term "culture of motherhood" is not self-evident. I would suggest, in fact, that there are several "things" that could be called the (or a) culture of motherhood. On the broad, societal level, the culture of motherhood can be understood to be the "mainstream," or hegemonic, ideas, values, symbols and ideologies of motherhood to which everyone in the population has some access. These include, among many other things, self-help materials addressed to mothers (or that address mothering), popular notions of "good mothering" and "bad mothering," and representations of mothers in popular culture. Although these have not been the explicit focus of my study, I will be discussing, throughout, some of the ways in which mothers are influenced by them.

The subcultural space that I am calling the "culture of motherhood" is not so widely accessible; it is fully accessible only to mothers who have earned their entrée . One feature of this (sub)culture of motherhood is that many of the values, norms and identities that characterise it are derived from the broader surrounding culture of motherhood, although there is certainly some reciprocal relationship here. Another feature, and one that complicates a study such as this, is the fact that it would be unreasonable to claim that there is just one subculture of motherhood. This subculture is actually composed of numerous sub-subcultures. These sub-subcultures can be organised around differing ethnic, racial, class and sexual identities/positions or based on differing ideologies of motherhood (as experience and as identity) and of mothering practice. One of my guiding questions, however, was whether there is an over-arching (sub)culture of motherhood, a space where the sub-subcultural differences can be transcended and mothers can come together in shared discourse and identity. My conclusion is that, at least to some extent, there is.

We must bear in mind that motherhood at all these levels (mainstream culture, subculture and sub-subculture) is historically and culturally variant. My findings in Alberta in the early 2000s will differ from what I would have found here at other times. My findings could well differ from what might be found in other Canadian provinces and will almost definitely differ from what would be found in other countries/cultures. We must also remember that cultures and subcultures (and sub-subcultures) cross-cut each other. Occasionally multiple cultural memberships and identities co-exist relatively independently. Sometimes, however, they conflict with each other and sometimes they complement each other. Specifically what I am suggesting here is that women's different ethnic, religious, socioeconomic, regional, political and sexual identities and affiliations each colour, and are coloured by, women's experiences of their positions relative both to the large, societal motherhood culture and to the subculture of motherhood (and its specific sub-variants).

Out of this tremendously complex picture, my primary concern has been with what I have identified as the overarching (sub)culture of motherhood and, only secondarily, with some of the sub-subcultural elements within it. By looking at the social world of motherhood as an actual culture, and studying women's entry into it, I have unearthed the following elements:

1) Symbols: The pregnant body, maternity clothes and simply being a woman in the company of children are all powerful symbols of motherhood. Other mothers respond to these symbols in quite consistent ways - opening conversations about pregnancy, birth and childcare.

2) Stories: There are particular sorts of things that only mothers discuss, and topics that are more likely to be discussed by mothers than by other people. The sharing of mothering experiences, the discussing of mothering philosophies, and the telling and retelling of birth stories serve to establish a sense of solidarity and a shared identity for mothers. This is not to suggest that there is only one identity for mothers in our culture

but there do appear to be efforts made to establish common grounds of experience.

3) Rituals: There are various rituals in which new mothers engage although the fact that these *are* rituals is often not apparent to the participants. Pre-natal classes, for example, can be seen as ritualistic behaviour. Baby showers are another ritual that mark a rite of passage to motherhood. Although non-mothers are welcomed at baby showers, part of the activity that takes place at baby showers is the sharing of stories, particularly birth stories, and, if older women are present, the passing of maternal knowledge down from one generation to the next.

4) Norms and Values: Mothers, of course, have a wide range of beliefs and values and the conflicts that mark the discourse of motherhood in Canada in the early 21st century are not the same as we would have found even 20 years ago. Hot topics of discussion for Canadian mothers these days include the midwife versus doctor question, the breastfeeding versus formula dilemma, the question of whether to circumcise baby boys, cloth versus disposable diapers, "natural" childbirth versus medicated, homeopathy/naturopathy versus traditional medicine and "attachment" versus "structured" parenting styles. These are the sorts of issues and questions that have the power to divide into different ideological camps whatever solidarity there might be among mothers. Women generally feel very strongly about the positions they take on these issues and sharp differences can limit the extent to which women are able to engage in the maternal discourse together.

5) Identity: Mothers have a particular type of power when it comes to recognizing other women's shift of identity to "mother." It is frequently with other mothers that women can discuss what it means to be a mother and that they can explore the "woman behind the role/label," working to reconcile the "real self" with the "maternal self." Being shut out of maternal discourse and interaction, being marginalised within them, feeling that one is being marginalised, or removing one's self from them, can profoundly impact one's ability to develop and/or sustain a maternal identity.

6) Initiation: This is linked with shared rituals although initiation into motherhood requires more than formalised ritualistic events; it appears to require a certain amount of labour. The labour that accompanies birth is a fine example. The labour that is involved in keeping children alive, healthy and thriving is also part of this. It sometimes seems, in fact, that what is required is a trial by fire, or the appearance of such. Rounds of birth stories, ever increasing in their gore and horror, are an example of the proof that sometimes seems to be required that one has suffered enough to have earned motherhood.

Achieved Status

In Sociology, the term "status" designates a social position that one occupies. An "achieved status" is a position that one comes to occupy through one's own behaviour (as opposed to an ascribed status, such as one's sexual or racial designation, categories one tends to be born into). Sociologists speak of "mother" being an achieved status but without giving much thought to what the process of that achievement is. We seem to have assumed that the achievement of this status is straightforward, a given, not requiring much analysis. I would argue that this is not at all the case.

When we consider the definition of an achieved status, we can see that the role(s) one plays, and the accruing activities, are closely linked to and constitutive of, a particular achieved status. It becomes clear when we consider motherhood, however, that an achieved status does not necessarily follow from roles played and tasks performed. Although almost any adult could play the roles and perform many of the tasks associated with mothering (except the more specialized tasks such as gestation, birthing and breastfeeding), not everyone who does so achieves the status of "mother" (Nelson 1996). This underscores a very important, although frequently overlooked, component of achieved status. For a status to be achieved, there must be some recognition and acknowledgement from a "valid" body or bodies, individual or institutional, that the status has been achieved. And this recognition and acknowledgement does not rest solely on the roles played or tasks completed. Some women are more readily recognised as mothers than are others.

"Mother," is an extremely complex and highly contested achieved status. The individuals and institutions who are empowered to recognise and acknowledge some people as mothers exist at numerous social levels and in a myriad of social contexts. Each carries a different weight of authority and they certainly, at times, disagree with each other. We can conceptualise these individuals and institutions as a web within which mothers (and non-mothers) exist and within which they struggle to identify themselves and to achieve recognition and acknowledgement from others.

I will identify seven distinct, though broadly defined "bodies" that are empowered to recognise and validate the achieved status of "mother." The first of these is the State which legislates who may and may not consider themselves "mother," "father," or "family." Second are religious/spiritual bodies (such as churches and doctrines) which can play a vital role for many people in identifying what is an appropriate family form and who are appropriate family members. Third is the health industry, which is often intimately involved in the transition to motherhood and plays a role in deciding both who is most deserving of achieving motherhood (for example in fertility clinics), and who can call/consider herself "mother" (e.g. a birth mother generally can - her lesbian partner sometimes cannot). Fourth is that nebulous entity, society at large. I realize that this would seem to include everybody and in a significant way it does. For example, in a way that I am not, as a private citizen, empowered to bestow an academic degree upon someone, I am empowered to recognize, validate, respect, refute or deny someone's claim to be a mother. I, and all other citizens, are part of the social milieu within which that person exists and within which they are trying to establish their own reality and identity. For most people, however, I suspect that "society at large" is experienced most saliently in the form of their friends and acquaintances, neighbours and co-workers, and, sometimes, other members of specialized communities (for example subcultural groups with which one might identify). Fifth is the extended family, including family of origin and in-laws, surrounding the person making the claim of mother status. Sixth is the created family, which can include spouse/partner, birth children, step-children etc.

The seventh group, and the one with which my primary interest lies, is other mothers. I set this group apart from "society at large" because other mothers, as a group and as individuals, have particular kinds of power in terms of deciding who can call herself "mother" and what it means to do so. Achieving the status of "mother" that is recognized by other mothers and being initiated into, and accepted within, the culture of motherhood are closely linked. I would argue, in fact, that this recognition of mother status is a central function of the culture of motherhood and one that impinges on the identity-making of all people, female and male, mothers and non-mothers. The ability to enter into maternal discourse with other mothers, as a mother, is a key component in being able to claim the identity of mother. A mother, in other words, is not merely a woman who takes care of her children; a mother is a woman who is acknowledged, and interacted with, *as a mother* by other mothers.

Master Status

Another concept that is relevant to this research is "master status." A master status can be defined as "a status that has exceptional importance for social identity, often shaping a person's entire life" (Macionis and Gerber 1999: 139). For many people, their occupations (especially if they are careers), and their genders, constitute master statuses. We will see that while motherhood is, in fact, a master status for many women who mother, in that motherhood rearranges their whole lives and becomes their primary *identifier*, many women struggle with allowing "mother" to become their primary *identity*.

The Research

In most cases, once women become mothers, they remain mothers (or are identified as such) for the rest of their lives. They are thus usually also members of the culture of motherhood for the rest of their lives while their roles within the culture change over time. Likewise, mothering roles and experiences are linked with "cultures of childhood," at the very least because cultures of childhood and youth are generally premised on implicit or explicit assumptions about who mothers are and what mothers are, and should be, doing. As cultures of childhood change so do cultures of motherhood, and vice versa. Further, as mentioned above, the (sub)culture of motherhood is actually composed of numerous sub-subcultures. To study all of these cultural manifestations, over their complete lifespans, is well beyond the scope of any one study.

I would suggest that a "new"culture is most salient to those who are in the process of entering it or who are relatively new members - before it has simply become a taken-for-granted fact of life and, in this case, hopefully before Jackson's (1992) "maternal amnesia" sets in. For this reason I chose to speak with women who were either pregnant for the first time or who had been mothers for three years or less. My goal was to get a broad sample that would cross-cut many sub-subcultural variations and in this aspiration I was largely successful. I interviewed 53 new mothers in total. The group of participants contained heterosexual and lesbian women; single and partnered women; women of varying social classes and education levels; women who had hospital births, home births and birthing-centre births; women who became mothers by vaginal birth, by cesaerean section, by adoption and by being lesbian non-biological mothers; and, mothers who espoused “attachment parenting” philosophies, “structured parenting” philosophies, and almost every philosophical/stylistic position in between. The ages of participants ranged from 21 to 58 years old, with a mean age of 32.5. In many ways, this was a very diverse sample. Most participants, however, were white. Of 53 women interviewed, only five were not Caucasian.

Part of the explanation for this lies in the fact that I, for the most part, did not target any particular racial or ethnic groups. I did advertise for participants in *Alberta Native News* (a monthly news magazine) but this was the only specifically targeted advertising I did and it resulted in no volunteers. Other than this, I advertised in the mass-distribution magazines *Alberta Parent Quarterly* and *Birth Issues*.[3] Both advertisements resulted in several volunteers, most of whom were Caucasian, although claiming numerous ethnic identities.[4]

I do not know if white women are more likely to read these publications although there is some evidence to suggest that women of minority racial and ethnic groups might be more likely to turn to other women from their own groups than to reach outside their groups for information and social contacts. Sokoloski (1995), for example, examined First Nations women’s beliefs about pregnancy and prenatal care and discovered that native women had different understandings and expectations of pregnancy and birth than did the (largely white) culture around them. Native women were thus very likely to turn to other native women for advice, guidance and support through pregnancy. Likewise, with Ghanaian women I interviewed, I heard a preference for speaking with women from their own culture, who understood their customs and traditions around mothering behaviour and baby care. It was not that they could not enter into mothering discussions with women of other racial and ethnic groups - they could and they did - but that they felt there were limits to the possibility of shared understanding. None had chosen to attend the moms-and-new-babies drop-in sessions run by the Public Health Department.

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[3] Copies of these advertisements appear in Appendix I.

[4] I am using the terms “race” and “ethnicity” here in the ways they are usually used within Sociology. “Race” denotes classification systems based on perception of physical attributes, most notably hair, skin, and eye colour. “Ethnicity” refers to shared culture or cultural heritage and has no necessary link with notions of race.

All three Ghanian women in my sample were very recent immigrants to Canada, having been here for only a few years. It is possible that if they had been second-generation or beyond they might have felt more culturally integrated and/or they might have lost some connection with their Ghanian culture. This would probably also depend on the part of Canada in which they lived. There is a sizable, relatively cohesive Ghanaian community in and around Toronto (Owusu 1999; Wong 2000). It is likely that second generation immigrants there will still have fairly strong connections to other Ghanaian people, customs and beliefs. In Alberta the Ghanaian community is not so large, concentrated or well-connected.

On the other hand, the two women in my sample who were of Asian descent, and were at least second-generation Canadian, expressed no particular allegiance to their Asian ethnic groups and had diverse friendship circles and white partners. These women identified their ethnicity as Canadian or as Asian-Canadian, attended the Public Health New Mothers' groups and interacted freely with diverse groups of other mothers.

We must be very careful, in considering the issues here, not to conflate race and ethnicity. It would be a mistake to assume that "white women" are a culturally homogeneous group (or, in other words, that they share an ethnicity). A sample that is largely Caucasian can still capture some of the ethnic diversity in which Canada claims pride. Nonetheless, it would appear to be easier for white people, as the dominant, or "default" group, to feel that they have no race and, for the same reason, for people of western European descent to feel that they have no ethnicity (Waters 1990). This was supported by the many women in my sample who, when asked their ethnicity, were unable to answer, said "Canadian" regardless of ethnic heritage or tried to list all the places their ancestors came from while not claiming a meaningful ethnic identity for themselves.

It would also be severely mistaken to assume that women who have been classified as races other than Caucasian share any sense of ethnicity with other members of the same racial groups or to assume that women of colour do not share some of the same ethnicities as white women. Although the racial categories within which people are placed by their larger culture can be extremely meaningful in terms of social stratification, there is, of course, nothing about skin colour or hair texture (or any of the other physical characteristics used to make racial designations) that will lead to different mothering practices. What would be of relevance to a study such as this are ethnic differences - culturally derived practices and beliefs that *can* actually be associated with particular mothering practices, experiences, traditions, identities and contacts.

For the Ghanaian women in my sample, ethnicity was salient; for the Asian women and most of the white women, it was not. Ultimately, of course, the Ghanaian and Asian groups were too small to allow for any generalizations to be made about them *as* groups. These observations do, however, support my central contentions, that there is an overarching (sub)culture of motherhood that transcends sub-subcultural divisions, but that these sub-subcultural differences can also remain very meaningful to their occupants. It is certainly a limitation of a study such as this that all sub-subcultural variations cannot be included but I would posit that the basic principles and components of culture that I will identify by looking at the over-arching (sub)culture of motherhood, are also applicable to its sub-subcultural variants where the same cultural components will simply manifest themselves in different ways. This is always the case with the components of culture. I will provide the broad template for analysing motherhood from a cultural perspective and then I, and others, can go on later to apply it to more specialised cultural groups, as we see fit.

The Participants

Given the tremendous diversity of my sample, it is possible to identify a number of cross-cutting, meaningfully identifiable subsamples. By "meaningfully identifiable" I refer to categories that were significant to the interview participants in terms of how they identified themselves. These designations have thus arisen from the participants themselves rather than being arbitrarily assigned by me.

One set of subsamples is heterosexual and lesbian mothers. Although the heterosexual sample is larger (37 heterosexual mothers to 16 lesbian mothers), the lesbian sample has proven sufficiently large to make comparisons between the two groups and to follow up on some of the findings of my earlier research with lesbian mothers (Nelson 1996). These two groups of mothers have much in common, although heterosexual mothers might not always perceive themselves to have so much in common with lesbian mothers. Further, despite a fairly accepted notion of a "lesbian subculture," in Canada, or even just "lesbian communities" situated within broader communities, I would argue that there is not, as yet, a well developed culture of lesbian motherhood. Despite some increase in the number of publications about gay and lesbian parenting, and despite the presence in most major Canadian cities of a gay and/or lesbian parenting group, most of the lesbian mothers with whom I spoke were still getting the bulk of their parenting information from the mainstream culture and most of their maternal contact from heterosexual mothers.

Another significant set of subsamples is biological and non-biological mothers. Each of these categories contains members of the above two groups. The heterosexual non-biological mothers were adoptive mothers. The lesbian non-biological mothers were the partners of lesbian biological mothers. What is missing from both the heterosexual and lesbian groups is step-mothers. No women who participated in this research identified themselves as mothers when they became step-mothers, although at least two of them were step-mothers; they volunteered to participate because they were pregnant or had recently given birth. Given the difficulties that both lesbian and heterosexual step-mothers can experience in establishing a maternal identity (Dedaic 2001; Jones 2004; Nelson, 1996; Waterman 2003), it is perhaps not surprising that none self-identified as a suitable participant in a study on new motherhood.

Also meaningful was the distinction between partnered and single mothers. These categories, again, crosscut the sexual-orientation categories. Although partnered mothers were not always aware of the ways in which being partnered affected how other mothers interacted with them, single mothers often were aware of the stigma that, still, seems to be attached to single motherhood.

Among the biological mothers, those who had experienced vaginal births and those who had experienced caesarian sections also constituted identifiable sub-samples. Within the culture of motherhood, the folklore, values and beliefs surrounding these two methods of giving birth tend to devalue caesarian sections, and even sometimes to stigmatise the women who have them. Although, of course, these two groups of mothers had much in common, this one difference could be quite divisive.

Despite the fact that the group of participants can be classified in so many different ways, I will, for the most part, be discussing them all together. There are, of course, places where it is meaningful to draw out the experiences that are unique to, say, lesbian mothers, adoptive mothers, midwife-attended mothers or partnered heterosexual mothers. It should not be assumed, however, in those passages in which I am not drawing attention to particular sub-groups, that those group members are not part of the discussion. In other words, it should never be assumed that the mothers I am discussing represent the cultural "default" norm - white, heterosexual, partnered, vaginal-birth-in-the-hospital mothers. The full diversity of the group of participants is present throughout, and only in clearly identified places do I draw forth for consideration certain sub-groups.

Methods

Apart from advertising in magazines, I also placed ads in women's bookstores and gay and lesbian drop-in centres. I attended a few of the City of Edmonton's Public Health New Mothers' groups, where I discussed my research and invited participation, and I wrote a short article about my research for *Alberta Parent Quarterly* that also invited participants. The bulk of my respondents, however, were referred to me by other participants. Thus, most of the sample was gathered by the snowball method. This is likely another reason for the racial homogeneity of my sample; there is still a tendency for people's friendship circles to be largely composed of others who are demographically similar to themselves (McPherson, Smith-Lovin and Cook 2001).

Of the 53 women who participated, 43 were already mothers[5] when I interviewed them and these women I interviewed once[6], for an average of two hours each. Individual interview lengths did vary, however, from 1.5 to 6 hours. The other 10 women were pregnant when I first interviewed them and these women I interviewed at least twice over the course of their pregnancies and early motherhood. One of these women I interviewed three times and one, who was also my friend, I had seven formal interviews with (in addition to many informal conversations and attending the birth of her daughter). These interviews generally ranged from 1.5 to 3 hours in length.

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[5] Three of these women were also pregnant with second children.

[6] With the exception of two of the woman who were pregnant for the second time. These women I interviewed twice, like the other pregnant participants, once before and once after birth.

All participants were given an information sheet about the project and asked to sign a consent form.[7] Each participant has been given a pseudonym, either one that she chose or one that she asked me to choose. Each interview was audio-taped, with the participant's permission. These tapes were later transcribed and then coded using NVivo Qualitative software.

I used a semi-structured interview format. Working from general interview guides,[8] I asked directed questions but also allowed each conversation to follow a natural trajectory (sometimes pulling us back to a topic if the digression was too great). The interview guides reminded me of the main topics I wanted to ask while allowing the course of the conversations to take us in some directions which I had been unable to anticipate ahead of time. It is a characteristic of qualitative, exploratory data gathering that the research develops and changes as the project progresses and this was certainly the case here. The interview guides that I used for the later interviews, the ones that appear in appendix III, are several drafts removed from those used in earlier interviews.

There were two other methods, in addition to interviews, by which I gathered information about the culture of motherhood. One of these was to attend new mothers' groups at local public health offices. I attended a few of these over the period of a year. Both the facilitators and the participants in these groups were informed of the reason for my presence. I did not participate in the discussions, nor did I record, or note, the events. I simply observed the discussions and interactions and made general notes later as necessary and relevant.

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[7] Copies of the information and consent forms appear in appendix II.

[8] These appear in appendix III.

Additionally, each woman who was interviewed was asked if she would be willing to participate in a focus group with some of the other participants. Several expressed a willingness to be involved and so I ended up hosting two groups, each with about eight prior interview participants. The focus groups were tape-recorded with the permission of the participants. The purpose of the focus groups was two-fold. First, they allowed me to involve the participants in my interpretive process. I was able to ask for clarification or further elaboration of some issues and concepts from the interviews. I was also able to "run past" the participants my preliminary analysis to see if what I was thinking, and how I was interpreting what I had heard, made sense to them. Second, they afforded another opportunity to witness the sorts of conversations that can occur between mothers, both casually, around their gathering and parting, and more formally with the topics I provided.

A Feminist Research Journey

I would like to take a moment to consider what it means, to me, to be a feminist conducting and reporting this research. The question of what is feminist about any given piece of research is a tricky one. The feminism does not lie within any one method, approach or practice. I do not believe that it lies solely within the political convictions or personal identity of the researcher. I believe that feminism, whether in activism, theorising, teaching or writing, lies strongly in the intent of the person doing it. Having said that, I am very aware that it would probably be impossible to get the whole range of feminist theoretical and political positions to agree as to what "the" feminist intent is. I do not think there is only one feminist intent although I think they are all related to a desire to mitigate the inequalities and damages associated with gender, as those inequalities and damages manifest variously across cultural, class, racial, ethnic and gender categories.

I feel that my primary obligation as a feminist researcher researching women's lives is to the women who participate in the research.[9] I agree with DeVault (1999:30), who argues that "(f)eminists seek a methodology that will do the work of 'excavation,'shifting the focus of standard practice from men's concerns in order to reveal the locations and perspectives of (all) women." My research has been very much an excavation of dimensions of women's lives that are often overlooked in "mainstream" social science.

I see it as my obligation to believe what women say to me, to know that their truths are true and meaningful, and to know that their worlds make sense, even if I might not share that sense. It is my obligation to listen to what women say even if they are speaking of experiences I have never had. This is the only way to retrieve maternal discourse from its silence in the broader culture. We must know that when women are speaking about mothering they are speaking about something very meaningful, very important, very real. Part of my job then is to try to create a bridge between two discursive worlds, that of motherhood and that of academia. Mothers have heard from academia; it would be very good for all academic fields to hear from mothers and it would benefit mothers to be so heard.

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[9] I am not suggesting that this feeling of obligation is unique to me or to feminist research. Any researcher might feel such an obligation to her/his participants. In this instance, however, my sense of what is feminist about this research rests, in part, on my valuing the interests and needs of the research participants over other interests and motivations for conducting the research.

This is consistent with DeVault's further argument that "(f)eminists seek a methodology that will support research of value to women, leading to social change or action beneficial to women" (1999:31). This leads to the question of what my research actually offers to the women who participated, and to mothers in general. Part of the answer lies in simply bringing together the voices of women in a way that might not always happen within the culture of motherhood itself. In short, I would like mothers to hear each other, even more than they already do. Mothers know how much they need the contact, the company, the conversation of other mothers and yet they are sometimes unable to critically transcend values and ideologies that often have been filtered in from the larger culture. There are topics, as we will see, that mothers told me they did not discuss with each other; they were thus generally not discussed at all, even if they were important to the health and daily lives of mothers.

As I will elaborate much more fully in later chapters, I witnessed many women's simultaneous need to be seen as unique and full individuals, not overinvested in mothering, and their willingness to cast other mothers as the exact thing they refused to be. How terribly frustrating that the people who could be each other's strongest allies are sometimes divided and silenced by broader cultural values that denigrate them all. The salvation of self does not lie in distancing one's self from the devalued mothering persona; it lies in reclaiming and rehabilitating that persona. It lies in the sociocultural changes that would have to occur for mothers' own experiences and discourses of motherhood to become ruling rather than subjugated discourses of motherhood.

Many feminist researchers argue for the importance of clearly situating one's self as researcher within the research process. Kirsch (1999:14) explains the rationale for this very well:

> The goal of situating ourselves in our work and acknowledging our limited perspectives is not to overcome these limits - an impossible task - but to reveal to readers how our research agenda, political commitments, and personal motivations shape our observations in the field, the conclusions we draw, and the research reports we write. That kind of knowledge can help readers understand (rather than second-guess) what factors have shaped the research questions at hand; it also helps ground the research report in a specific cultural and historical moment.

It is not an easy task to identify all the ways in which my own biography informs my approach to this research and my interpretations of what I found. The writing and conducting of this research occupied much of my thirties. It spanned a period of time during which I met my life partner and married her with the upfront agreement that we would not pursue motherhood. It also spanned a period of time during which I moved from being a sessional instructor of Sociology to a tenure-track professor of Women's Studies. I began this research as a relatively impoverished grad student and I conclude it as a relatively comfortable junior professional.

It is easy to say that my partner and I agreed that we would not pursue motherhood but life is rarely that simple. During the course of this research, exactly like the last time I researched motherhood, I experienced an ever increasing desire to be a mother. I had to think through what it was that I desired. Was it pregnancy? Was it birth? Was it interacting with a baby, a child, a teen, an adult offspring? Was it a companion and care-giver in my old age? Was it a grandchild with whom I might recapture the very special bond that I have experienced with my own grandmother? It was all of these things, and yet none in particular, but pregnancy and birth were the least of it. I eventually had to approach my partner and tell her that I needed us to revisit the baby question. We conducted a brief investigation into international adoption and then were able to set the topic aside again. This decision is not without pain but neither of us can see a way, in terms of time or finances, in which we could raise a child. The bottom line is, I think, that we must just not want it enough, because I have seen people make all kinds of sacrifices to become parents.

I believe, however, that many of those sacrifices are simply not necessary; they are the result of the ways in which our lives, our economy, and our work have been gendered. They are a result also of "the State's" unwillingness to acknowledge the fact that society needs children to continue, that reproduction is never a private undertaking. The privatization of childcare is the best deal the State ever struck. People cripple and impoverish themselves creating, raising and socializing citizens for the State, all the while having internalized the belief that this is their individual choice and thus their individual responsibility. I am certainly not suggesting that there are no intrinsic joys, no rewards, to parenting. I am simply asserting that the State is getting a whole lot of free labour and most of it is being conducted by women who are then devalued and denigrated for doing it.

So those are the sentiments I bring to the interpretive process. I believe passionately in the value and necessity of mothering work, even though I myself am not willing to engage in it. I am, however, willing to put my political and intellectual energies into the project of bringing motherhood not merely into academic discourse but into the cultural mainstream. This piece of research is, of course, only a small portion of that project. Let us begin, then, by listening to what women said to me, and what they say to each other, about this amazing journey into motherhood.

Chapter Two

I Gestate, Therefore I am: Embodied Journeys into Motherhood

> "I just felt so empowered with my ability to birth her
> and I felt like I could do anything, you know, physically
> and emotionally and mentally . . . or, [if] I can do this, I can do anything.
> So I just felt incredibly strong and connected to all women" (Holly Ming-Madsen).[1]

Not all the mothers I interviewed gave birth; two were adoptive heterosexual mothers and six were non-gestational lesbian mothers. For all women, however, regardless of how they become mothers, motherhood introduces them to the sociocultural space occupied by other mothers. This maternal world is as significant to non-gestational mothers as to gestational mothers, even if non-gestational mothers enter it by a different route and sometimes interact differently within it. The vast majority of mothers, however, become mothers through giving birth. If we are to understand their social and cultural journeys into motherhood, we must start at the most immediate level of their lives - their embodied journeys. For women who go through pregnancy, virtually no aspect of their physical, sexual, emotional, intellectual or social selves is left untouched. We must begin, then, by examining how some of these transformations are wrought and experienced with, on and within women's bodies.

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[1] The opening quotations in chapters two, three, four and five, are from women who participated in my research.

My primary focus in this chapter is on what women told me about their embodied journeys into motherhood. We will be returning to many of the same topics in chapter three and examining the ways in which they are culturally mediated, articulated and signified, particularly within the culture of motherhood. My concern, at this point, is with the experiences themselves. I am not suggesting that there is such a thing as objective, essential, non-mediated experience. Even in the private and immediate moment of experiencing a phenomenon, the person interprets and reifies the experience. Certainly, in the telling of the experience, further interpretation and narrative "packaging" have occurred. Nonetheless, I would argue that our experiences tend to feel "real" to us and that our interpretations and significations of them reify them in particular ways. In this chapter, then, I will treat women's accounts of their bodily events, and their accounts of people's reactions to, and interactions with, their bodies, as the transmission of *facts* as the women know and experience them. My concern in chapter three will be more with the narrative packaging; there I will examine the ways in which members of the culture of motherhood assist new mothers in giving a livable narrative sense and shape to their experiences.

In this chapter my attention is on what women told me about their embodied experiences of pregnancy and birth. Philosopher Michelle Boulous Walker (1998:1) argues that "women are silenced most effectively by their association with maternity. The maternal body operates as the site of women's radical silence." The silence with which Walker is concerned is the absence of women's voices, and in particular maternal voices, within Western philosophical, psychoanalytic and literary texts. I would argue further that such silence is ubiquitous in our culture and that it is primarily within the culture of motherhood that specifically maternal experiences are given voice and meaningful analysis. It is not that there is not much said and written about pregnant bodies in the larger culture, but that these perspectives generally do not spring from the subject positions of those who occupy pregnant bodies.

In contrast to the Cartesian separation of mind and body (Descartes 1640 (1968)), I agree with theorists (such as Burkitt 1998; Mascia-Less and Sharpe 1992; Negrin 1999) who argue that mind and body create and contextualise each other. The mind is embodied; the body is, what we might call, enminded; both mind and body are encultured; and, culture is created and maintained through the actions and interactions of minds and bodies. Burkitt (1998:78) argues that

> [b]ecause humans are always part of the symbolic dimension as well as the spatio-temporal, a body is never just a body, but is always regarded to some degree as a person with an identity. Human persons are hybrids because they are members of the socio-natural world; they have bodies belonging to time and space, but also an identity constructed through the signs, symbols and values of their culture. . . . within cultures bodies are always taken up and shaped within particular lifestyles and activities.

Pregnant bodies are "taken up" and articulated in particular ways by those who inhabit them, by the larger surrounding culture and by the culture of motherhood. Pregnant women embody the tensions and negotiations between these discursive and reificatory positions.

I will begin with a general discussion of some of the embodied transitions that gestational mothers experience. I will move on to consider what women told me about the experience of "getting big" during pregnancy. Next, I will examine the ways in which women's gestating bodies are interpreted, and interacted with, by members of women's social worlds. I will conclude with a discussion of women's subjective, bodily, emotional and intellectual experiences of their pregnancies and births.

Pregnancy: Embodied Transitions in Social Context

Regardless of whether a woman gives birth, the work of mothering is body-intensive, at the very least in the bodily access claimed by children. For a woman who does give birth, however, her body is both the site and the signifier of her journey. It would not be realistic to suggest that the pre-maternal or non-maternal body is freely possessed by the woman who inhabits it. On the contrary, it is largely with and through her body that a woman conforms to, attempts at, or rejects normative standards of femininity. Nonetheless, we do tend to read the pre-mothering or non-mothering body as a woman's "own." We read it as the site of *her* desires, *her* hungers, *he*r pleasures, and, very significantly, we read it as the reflection and result of *her* control and efforts. A woman's body is a significant component of the identity ascribed to her by others and her own sense of self is often intricately interconnected with her sense of her physical self.

We must bear in mind that bodies exist within, are interpreted and become meaningful within, their social, cultural and historical contexts. Thus any bodily experience, even one that is ostensibly private, is a social event. There is, however, very little about female bodies that is actually considered private, that is not accessible somewhere in the public domain (Stormer 2001). "The female body" is produced and women are held accountable for the quality of the production they can present. This is not to say that "the male body" is not also produced but that bodies are one of very few areas where women are expected to exercise complete control. Of course such control is impossible, but women are more likely than men to go to great lengths, even as far as damaging their health, or jeopardizing their lives (with eating disorders and cosmetic surgery, for example), in their efforts to achieve it (Bordo 1993; Davis 2002; Lintott 2003).

The elusive bodily control flies out of reach completely starting in pregnancy (Upton and Han 2003; Warren and Brewis 2004). Kate Thompson told me "you know . . . I was pregnant and I'm like 'God, I have no control over what I'm doing, this is horrible . . . I am a weak, useless human being and no one will listen to me' and oh it was awful." She said that she had felt "I am not under control of my life, this, I am a woman now, I'm, I don't know, I don't know how to explain it, I was more human or something." Kate had these feelings after falling on ice while engaged in a debate with her dismissive brother-in-law. She felt that being pregnant brought her "down" to the physical realm, where she was weak and had no control, and where she was no longer taken seriously as an intellectual. She had lost control both over her body and over how she was perceived by others. Bailey (2001) and Warren and Brewis (2004) also heard from pregnant women this sense of being "reduced" to their physicality, where being "more human" becomes synonymous with atavism or even animalism (Warren and Brewis 2004: 225).

Dallis Wilson was also concerned about the loss of control, especially over her appearance. She did not want people to think that she had simply let herself get fat. Dallis explained " I get paranoid now, and I think sales girls are staring at my stomach . . . I feel like wearing a little sign that says 'I'm pregnant' . . . I think it's because it's out of my control, I can't just fast for a couple of days or do some sit-ups." Not all of the women with whom I spoke expressed such angst over loss of control but in the face of the bodily developments and transitions of pregnancy, the necessity of giving birth, the requirements of nursing, and the bodily access claimed by children, women's bodily self-determination can reach an all-time low.

An overarching theme in many women's accounts of the transition to motherhood is the experience of being seen, and sometimes perceiving the self, solely through the physical dimension of pregnancy. The bodily fact of pregnancy is perceived as the sole, or primary, identifying characteristic, and other components of women's senses of self are often left unacknowledged. A sentiment expressed by many of the women I interviewed is articulated well by Allison Simons, who wrote (in a journal entry she shared with me) "it seemed that people were treating me as less of a person and more as a body with a baby in it."

The consequences of being perceived less as a person and more as a body with a baby in it are profound. At the very least, the usual attention paid to women's bodies is magnified; the objectification of women *as* their bodies becomes even more pronounced. At a time when women have relatively little control over what is happening with and to their bodies, however, they are still being held responsible for their bodies; their identities are still being read off of, and projected onto, their physical selves. Bodily control and representation thus remain issues of great concern.

Not only does a pregnant woman lack control over what her body is doing, she also experiences the consequences of her body being, in some fundamental ways, no longer perceived by others as her own. Where the non-mothering body is read largely as the site of *her* desires, *her* hungers, and *her* pleasures, the mothering body, on the other hand, becomes, primarily, the site of *someone else's* desires, hungers and pleasures. The pregnant body and the mothering body thus represent the sacrifice and self-denial that have been socially constructed as fundamental features of maternity.

The "loss of ownership" of the body can begin even before pregnancy itself. Bailey (2001) has shown that, in pre-pregnancy and pregnancy, self-care behaviours actually become other-oriented. Several of the women I interviewed mentioned starting to take pre-natal vitamins while they were trying to get pregnant. Previously they might have taken vitamins for their own health and well-being; now their bodies had become potential vessels and they were encouraged, by medical professionals, friends and family, to be thinking, even pre-conception, about how to make their bodies most hospitable to their anticipated lodgers. Sylvie Tremblay, for example, told me: "I was taking prenatal vitamins from the time I went off the pill. I went off the pill 3 months before we started trying and I started taking vitamins then. Just because I read . . . my mom gave me an article a couple of years ago or something about cleft pallet or . . . no, no it was spina bifida. So I was aware of that." For some women, this pre-pregnancy attention to their bodies was a fascinating learning experience. Roxanne Gould said

> I certainly got to be aware more of my, I mean on an intellectual or philosophical level I was pretty clear of women's bodies and nutrition and all of that. But that yet was another level that I got to understand better. Yeah, I don't think I ever really paid attention to the fine details of whether or not I could feel when I was ovulating or paying attention to mucus. I mean we're not taught that in this society, so, it's you, you know, you prevent, you don't try to get pregnant per se and it's, it's always an intervention by the medical profession. So to do something more natural and learn a little bit about, you know, the shape of the cervix and how it points in different directions at different times of the month and, and the mucus flow and that, was very interesting to me as well.

In the embodied transition to motherhood we see two major sets of normative standards fly into direct conflict with each other. On the one hand we have cultural standards of femininity which include beauty, attractiveness, and sexuality. On the other hand we have cultural standards of maternity which include being nurturing, selfless, other-oriented, and asexual. A woman's body, which is often the site of the transition to motherhood, is also often the site of overt conflict with herself and between these internalized cultural standards which are, ultimately, incommensurable. Most of the women I have spoken with have been alarmed by at least some of the bodily events and the social/cultural consequences thereof that mark the journey through pregnancy into early motherhood. At the same time, most have been delighted, even enraptured, by some of these events. All, at some point, have been cognisant of a discordance between their subjective experiences of their gestating and birthing bodies and the meanings ascribed to those bodies or experiences by others. Let us take a closer look at some of these body-based transitions.

Presentation of the Body: Getting Big

When we are discussing the presentation of bodies in public, and even private, spaces, a central issue, along with how they are structured, is how they are dressed. Pregnant women, some of whom have put considerable effort into being slender and well-dressed, can be traumatized by both their weight gain and their rapidly diminishing clothing options (Bergum 1989; Earle 2003; Upton and Han 2003). The issues of body size and clothing are interconnected. It cannot be over-emphasized that being overweight, being "fat" or being "big" are the most frightening of spectres for many women. Women are bombarded with messages in the popular media regarding desirable body size and appearance. If they cannot achieve the physical ideal they are encouraged to minimize "trouble spots" or weight "problems" by dressing in strategic ways. Clothing, it seems, is often marketed to women as something that will "flaunt it if you got it" and hide it if you do not.

The weight gain characterising pregnancy can be disconcerting, even horrifying, for the women experiencing it. Not only is a woman's body getting bigger (something that, according to mainstream culture, a woman's body should never do) but, for a period of time, it is not even apparent to observers what it is that explains her increased girth. Consistent with previous research (Bailey 2001; Earle 2003), several of the participants reported that one of the most stressful times for them was early in pregnancy when the pregnancy was not really showing but their shape had changed. Women reported losing their waist-lines, filling-out, softening up and sensing that people were looking at them and thinking "fat." Shira Mencken told me: "at the beginning it was strange because it felt like I was just getting fat and you couldn't really tell that it was baby. Once it started becoming baby then it didn't bug me at all, then it's clearly a pregnancy and that was fine, um, I stuck right out."

Concerns about being, or appearing, fat can plague the entire pregnancy. Eva Nichols told me "I know that when I first thought that I was pregnant I'm thinking, 'oh God, I'm going to become a whale, a cow or whatever'." Allison Simons told me "I remember at the beginning, like when I first started to show that that was kind of a crisis for me. The fact that my body was changing in that way. It wasn't just that I was getting bigger, I was getting bigger in a certain way. It seemed really bizarre to me." Jennika Kovacs said "the worst thing is when, I think for most women, is when, when ah, you have to start wearing bigger sizes and it really makes you feel like 'oh my God I'm getting fat and unattractive and all this kind of stuff'." Dallis Wilson felt that if people commented on how large her pregnant belly was, they were actually calling her fat, and that if they were calling her fat, they were really saying she was hideous. She explained "you just don't tell women they're huge, never ever. And then the nice people say 'you don't even look pregnant from the back'." When a coworker told her "I'm used to you being slim," she had to reassure herself that she was not really fat even though it seemed to her that people were telling her she was. She became very self-conscious and nervous of people perceiving her as fat. She told me later "I didn't realize until after I had (the baby, Donal) that I didn't want to make eye contact with people anymore." After she had Donal she lost the weight very quickly and was frustrated that nobody noticed, nobody commented on it. She exclaimed "after five months of telling me that I was hideous I thought maybe somebody might want to tell me I wasn't anymore. And nobody did."

There were several women, however, who felt marvellous in their pregnant bodies and rejoiced in the bodily changes they experienced. The increase in size felt powerful to some. Many were simply captivated that their bodies were capable of gestating and watched the process with awe and a new self-appreciation. Some also felt that pregnancy allowed them, for the first time, a reprieve from the social requirement to be thin and under control; they were able to allow their bodies to "be natural."[2] Roxanne Gould told me "I probably was much less worried about my body image at that point because for once in your life it's valid to be big." Ora Davis delighted in her pregnant body: "I loved being pregnant. I glowed. I looked fabulous, I felt fabulous. I didn't have a speck of morning sickness. I was an advertisement for being pregnant." Jane Larson concurred:

> I loved feeling her inside me, when she started moving and I could tell that was her. I thought that was just amazing, and when you can start seeing her, I thought that was incredible. And no-one ever mentioned that. I thought my body was beautiful . . . a girlfriend and I did a plaster mould of my belly and boobs just a couple of weeks before she was born cause I thought I was gorgeous. I felt sexy and beautiful and, you know I've always been tall and slender and I've never really shown off my body or anything, but it wasn't, I had all this extra weight, but it wasn't an embarrassment and I just thought it was great.

Kyla Iverson also loved being pregnant: "I have such fond memories of being pregnant, um, I just, I felt like I was high. The further I went the better I felt and I was just so, I loved my big body, and I was very proud of how big I had gotten and the bigger I had gotten the better, kind of thing." She went on to say " I felt stunning. I did. I just felt beautiful."

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[2] Bailey (2001) and Warren and Brewis (2004) also heard women say that in pregnancy they felt they had a legitimate "excuse" for gaining weight.

The ambivalence and variety of reported feelings about getting big during pregnancy are consistent with the findings of such researchers as Bergum (1989), Earle (2003), Upton and Han (2003), and Warren and Brewis (2004). We can see from such accounts that there is no unmediated experience of one's own body; all pregnant women have to reconcile and negotiate their own subjective bodily experiences with the cultural encoding of those bodily events. Some of the women who spoke with me worked out an equation whereby they were able to interpret their bodies, and bodily experiences, in a positive light; others, unfortunately, were not so lucky. All the women, however, had to face the challenge of clothing their changing bodies. Clothing is heavily culturally encoded, and we will see that women attempt to use clothing to enhance, offset or even conceal their pregnant bodies.

Similar to findings by Katz Rothman (1994), some of the women who spoke with me reported that they had started wearing maternity clothes very early in pregnancy, before they technically needed them, because maternity clothes symbolize what *might* be the only socially valid reason a woman has for being large. Jennika Kovacs told me that she started wearing maternity clothes very early, in part, "just (not) to say 'well I'm getting really obese here'." Dallis Wilson, who proclaimed above that she wanted to wear a sign telling store clerks that she was pregnant and not fat, shared her concerns with some friends: "all my friends tell me 'wear maternity clothes and you won't look fat'."

Many women, regardless of whether they have put particular effort into being slender, are used to dressing in clothing they have chosen, and in ways that they feel reflect their tastes, their vision of femininity and the sort of "self" they want to project (Guy and Banim 2000). They are thus sometimes dismayed by the relatively narrow choice of maternity clothing (Bergum 1989, 1997; Earle 2003). Some complained about having to make their clothing choices between frilly confections of ultra (but asexual) femininity and teddy-bear covered instruments of infantilisation. Tamara Neufeldt despaired "you don't want your frilly, poo hoo, bear bear stuff which I mean I wouldn't be caught dead in anytime let alone then right. And that's the time you most want pretty things but most people don't consider you sexy either." Madelaine Bell hated most of the commercially available maternity clothes:

> they have these big frilly things and feminine isn't even the word because I don't think they're even feminine. They're ugly but they're, they make you look like you're a baby, and the women in most maternity shops treat you like you're a baby, like you're an invalid. Um but they, I wouldn't, I didn't want to wear anything that I wouldn't have worn before. So I didn't want big bows, I didn't want ruffles, I didn't want polka-dots. Things that I hadn't worn since I was probably four or five . . . I didn't want to lose what I had been which was fairly reserved in the work site and taken quite seriously I think.

Although many of the women were able to find a few articles of maternity clothing that they liked, almost all complained about the terrible expense of maternity clothing. Many were not willing to spend large sums of money on clothing that would be worn for such a short time. This limited their maternity clothing choices to sale-clothing or to clothing they could share with, or borrow from, a friend or family member. Several women in my sample reported that they wore no maternity clothes at all during their pregnancy; they chose instead to buy women's regular clothing in larger sizes or to wear men's clothing (sometimes that of their partners).

It should be noted that only relatively small women have these options. If a woman is at the top of the size range, including "plus-sizes," for women's clothes, there will be no larger women's clothing and very little men's clothing that will fit her pregnant body. Until the summer of 2001, there were no maternity shops in Alberta that carried "plus sizes" (beyond a size 16). Thus the many women who start out larger than the average size of 16 have to look to places other than maternity shops for clothing, and if they were plus-sized to begin with, the situation could become very difficult. This dearth of clothing for larger pregnant women reflects the cultural conflation of sexual attractiveness, partneredness and desire/ability to reproduce with young, slim, female bodies.

Not all women who spoke with me complained about maternity clothes, and some were happy enough with the options, but none reported finding maternity clothes that projected an image of competent, strong, mature and sexy womanhood.[3] Of course, the projected image does not derive solely from the clothing; the body in the clothing is of primary significance. As we will see, pregnant women, identified as such by their pregnant bodies, tend to be *perceived* as less competent, strong (or rational), mature or sexy. It would thus be unreasonable to expect mere clothing to be able to counteract these perceptions. Culturally, however, we tend to read people's clothing as a reflection of their taste, style, worth and status and to hold women accountable for the behaviour and appearance of their bodies. Pregnant women, who have relatively little control over the bodily changes taking place and who are faced with limited clothing options, can be left with few, if any, ways to communicate or represent these struggles or the profound changes that might be occurring in their senses of who, how, and what they are.

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[3] Upton and Han (2003), for example, speak of the difficulty of dressing a pregnant body in a way that would be considered appropriately "professional" in the workplace. Part of the problem, Bailey (2001) argues, is that visible pregnancy brings gender into the workplace in ways that can be discomfiting when the professional body is idealized as contained, controlled and predictable.

Those who did wear obvious maternity clothes, however, reported some advantages. In indicating that a woman has a valid reason for being big, maternity clothes can actually buy her a temporary reprieve from the usual demands to be slim and sexually attractive. We can see, however, by the tremendous pressure placed on women to rapidly, and very soon postpartum, lose their pregnancy weight, that this reprieve is of short duration. For those who wished to spread the happy news of their pregnancy, the wearing of maternity clothing, especially before the pregnancy was showing, was an effective way of doing so. For some women, the care, attention and conversation that maternity clothing invited were very welcome.

The wearing of maternity clothes also represents the attempt to continue to manage the body and its appearance; it would almost always be a losing battle to try to make a pregnant body appear to be non-pregnant, but the wearing of maternity clothes, in any era or locale where they do exist or have existed, does at least represent a concession to the cultural images and demands of pregnant bodies. Thus, although her body flouts mainstream standards of feminine size and beauty, a woman's choice of maternity clothes might be taken to indicate her continued efforts to be a "good woman" who is respectful of social standards of appearance.

Although maternity clothing is marketed as a biological necessity - the idea that the large, pregnant body has particular clothing needs - we must recognize that the bases of maternity wear are social, not biological. There is no biological reason why pregnant bodies cannot just be dressed in bigger regular clothing. There is no biological need for maternity wear to either emphasize or minimize the pregnant belly. The convenience of pants and shorts with expandable waists and bellies can also be found in regular drawstring pants and shorts. Certainly pregnant women will need underwear, clothing and outerwear in larger sizes than they have been wearing, but there is no biological reason that these larger-sized items could not exist in stores along-side the smaller-sized items. The segregation of maternity clothing into its own department or its own store, and into its own distinct styles, marks the pregnant woman as outside of normal daily life; her body comes to represent a 'special need" that must be catered to.

Maternity clothing is a uniform (Bergum 1997: 39), a text that is imbued with social meaning. Not only does it denote that a woman has a valid reason for being big (and this can be very unclear if a woman is just wearing regular clothing in larger sizes), it also conveys both the new status she occupies as "pregnant woman" and the larger change in status, to "mother" that she is undergoing. In combination with the visibly pregnant body, but even in the absence of the latter, maternity clothing can be seen as the "clubwear" of initiates into the mothers' club. The two questions consistently asked by strangers of visibly pregnant women are "is this your first?" and "when are you due?" Although these questions are occasionally asked by men or childless women, the askers are almost always women who are mothers, with a good proportion being women of grandmothering age. These questions can be seen to represent the efforts of established club members to recognize and welcome the newcomers. The social process thus initiated will be discussed in greater detail in chapter three.

Relationships of Others, and Their Perceptions, to a Woman's Body

Pregnant bodies, as part of the public domain, can be touched, watched and commented upon (Bailey 1999, 2001; Bergum 1989, 1997; Davidson 2001; Longhurst 1998, 1999; Root and Browner 2001; Upton and Han 2003). The female body becomes not just a vessel but a sacred vessel, the health, cleanliness, and perhaps even chastity, of which are paramount. Pregnant women are strongly encouraged to eat properly, get enough sleep, take vitamins, give up alcohol, caffeine and tobacco, keep their distance from computer monitors and microwave ovens, forego hair dye and attempt to keep stress to a minimum. There are several simultaneous constructions here: the pregnant body as extremely fragile and precious; the surrounding world, including normal daily life, as dangerous and threatening; women as not quite sufficiently trustworthy or able to take the necessary care of their bodies; and, other people, especially friends and family of a pregnant woman, but certainly also complete strangers, as responsible for watching the pregnant woman and assuring that she is behaving "appropriately" with and toward her body.

There may well be sound survival reasons for considering the pregnant body fragile and in need of extra care and protection, but it must be remembered that this body is inhabited by a person who is accustomed to a larger degree of bodily self-determination, to deciding by herself, and for herself, what she will do with and to her body. Although female bodies always exist under the public, and especially male, gaze, many women get through their daily lives without having other people policing, and commenting upon, their bodily appearance and behaviours to such a large extent. But for women inhabiting pregnant bodies, such surveillance, commentary, and even touch become commonplace.

The Body Under Surveillance

Some women find this increased attention comforting or affirming. Bergum (1997:40) found that, especially later in pregnancy, women were more likely to welcome being protected and assisted. Although the women who spoke to me often appreciated considerate and nurturing behaviour from their families, many reported feeling alienated by the solicitous attention of others. Several, in fact, spoke disparagingly of being treated when pregnant like an invalid or disabled person.[4] Judy Vidra complained that people "were more concerned about me, um, almost treated me as if I had a disability versus being pregnant. Like 'oh don't do that, I better do that for you' kind of thing and with me being a very independent person I found that a little tough." Grace Obetsebi agreed:

> they see you as someone who is very disabled. Or someone who needs help, when you go somewhere and they think that you need help. People are always . . . I don't know how to put this . . . for instance if I have to

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[4] These are not new or unusual complaints. Oakley heard them in 1979 and Warren and Brewis heard them in 2004.

> pick up something, someone will pick it up for me. Which is, in my (Ghanaian) culture, no one would do that.

Madelaine Bell found this particularly irritating at work:

> People talked about me like I wasn't there at work. Colleagues would talk about my being pregnant when I was in the room. Like somehow I was disembodied. My boss, ah, became paranoid that I was going to hurt myself and I don't know if this was just her or whether it was part of a different reaction to me being pregnant, it was like all of a sudden I couldn't do things. And she just took it to extremes where you know I couldn't pick up a box if we were going to a meeting somewhere . . . I was very pregnant in the winter and she would just cling to my arm for fear that I was going to fall over and I was more afraid that I would fall over if she was clinging to my arm but she just kept telling me stories about people she knew who'd had miscarriages and all these horrible complications they'd had and she was very, very tense about it . . . at work . . . a couple of other people really did treat me like all of a sudden I couldn't do things and I was frail and I really didn't feel like that at all. I felt really healthy and so that, I mean that was continually annoying.

Many women were surprised to find that their pregnant bodies were apparently being read as an invitation to conversation or as a request for advice (Freed 1999; Longhurst 1999; Root and Browner 2001; Upton and Han 2003). Grace Obetsebi said "When you are pregnant it's different. When you go out, you get asked so many questions. 'Oh, is that your friend?' and 'when are you due?' And this and that and sometimes it can be so irritating. It's almost like once you are pregnant you have become public property. Anybody can ask you anything." Tamara Neufeldt agreed:

> As soon as you start to show in your pregnancy everybody decides it's their business. I was amazed about that. Everybody in the world, people you've never seen, strangers off the street, on the bus, in the mall, let alone your own department and family and neighbourhood, all feel that because you now are obviously pregnant that they can give you advice. That it's public information now and they can talk to you about it.

Not all such overtures were resented, however. One of the main groups who approach pregnant women with questions, conversation and advice are other mothers and very often these conversations were welcomed. As I will elaborate in chapter three, participation in such conversations with other mothers constitutes part of the initiation into the culture of motherhood.

What many women found at the least disconcerting and, at the worst, alienating or infuriating was the proprietary interest people seemed to feel entitled to take in the women's pregnant bodies. We have heard from women who felt uncomfortable with the overt attention being paid to their weight gain, but weight is not the only aspect of pregnant bodies with which outsiders (by which I mean everyone who is not inhabiting the pregnant body) concern themselves. Dallis Wilson had witnessed pregnant friends being treated harshly by wait-staff and other strangers when they had consumed a glass of wine in public. When she was pregnant, she told me that she would not even try to drink wine in public and that, in fact, she would not feel comfortable going into a pub, even though she was not drinking, because she felt people would be looking at her. She speculated that "people can't help it, you know, they can't help but condemn you when you're, you know, not being ultra pure while you're pregnant." Tamara Neufeldt said

> In restaurants it's funny I, it used to crack me up, actually, in the late part of my pregnancy . . . I used to tell people I wanted a martini just to see, just to make the waiter squirm because it was funny. Some people would actively kind of say, if you said 'can I have a cup of coffee?' they'd say 'oh you'll want decaf.' Like they'd make the decision for you. It was funny, sometimes people would make the decision that you want to sit in non-smoking because you're pregnant and they tell you that and say 'oh well you'll want to sit in non-smoking right?'

Being Touched

Every woman I spoke with reported having her pregnant belly touched by friends, family members and sometimes strangers. Early in pregnancy, before a woman is showing, touchers are generally only the intimate friends and family who have been informed of the pregnancy. It appears, though, that the bigger the belly gets, the more irresistible people find it and the more they are able to conceptually disconnect it from the woman they are touching. A non-pregnant female belly is a body part that is usually touched only by intimate others. A pregnant belly, on the other hand, seems to be interpreted by many people as a free-for-all and, significantly, as no longer an intimate part of a woman's private body (Bailey 1999, 2001; Bergum 1989, 1997; Longhurst 1998). Hazel Norton explained that 'it seems as soon as your stomach gets out there, people feel like it's public property.'

Bergum (1997:39) suggests that people touch pregnant women's bellies, not to touch the woman but to get contact with the baby. Allison Simons was one of several women to concur with Bergum in their speculations as to why people touched their pregnant bellies: "I think that it's just a kind of fascination with the whole process and the idea that there's a baby in there. People go gaga about babies anyways." Other women, however, had different theories. Kate Thompson called it "Buddha belly" but could not explain the appeal of the belly other than 'it's a weird time in your life, everything is different then. I don't know if that's a good descriptive word 'weird' but it's definitely, it's definitely a different period of time in your life, you are much more a physical body, I think, than, or I felt much more physical than I do now or did before." Strikingly, Nadine

Carson used very similar language to explain the phenomenon: "it's weird you know, Buddha, you know, rub it for good luck or something, type of thing." Kate's and Nadine's "Buddha belly" that got touched for the good luck of the toucher was, for Shira Mencken also "like a little Buddha or something" but she interpreted the touch as being for the good luck of the baby within: "sort of just a little good luck. Wish you luck. That's how I took it."

Many women seem able to make peace with this new intimacy, especially with friends and family. Several women told me they were pleased with and proud of their pregnant bellies, and were willing to share the delight of feeling the warm, firm belly or the movements of the baby within it with chosen others. Some women, however, find the touching intrusive or alienating. Several of the women I interviewed expressed some degree of discomfort with being touched, especially early in pregnancy and especially by strangers. Anne Isely said "when people touched my stomach it made me very uncomfortable." Jill Hobart told me "at first I was a little bit taken back thinking 'what the heck are they doing?' And then after it didn't, it didn't really bother me, I just laughed."

Only a couple of women in my sample refused to allow anyone, other than their partners, to touch them. Dawn Taylor told me "I love talking with people but I'm not . . . I don't know, when total strangers come up to you and they go to touch your stomach. I wouldn't let anybody touch me when I was pregnant." Several women insisted that people ask permission before touching while many more simply resigned themselves to the touching. Resignation, however, does not mean that the women were happy to be touched. Bronte Campbell, for example, said "actually I kind of felt like I shouldn't say no." She went onto explain:

> being pregnant is a very thrilling thing, I think for, if not for yourself then for everybody else who's around, like it's, I think it's a really bizarre thing cause on the one hand there's a lot of it that you want to keep behind closed doors, you know the whole birthing thing but being, I think being pregnant . . . you kind of know that you're special because you've got something that most people don't have . . . and you're getting fat but for a good reason, like this is the only reason where it is considered copasetic, you know. And people want to touch your stomach, and, and they don't want to touch your stomach for a negative reason. They just think 'fool, there's someone in there,' so you don't really want to deny them that. Or I didn't, I didn't want to deny them the sort of like, the thrill of it all. I thought it was kind of weird that people wanted to touch my stomach but I knew why they were doing it.

Not surprisingly, women were most likely to be bothered by being touched by strangers. Dallis Wilson tells a story that in its extremes helps to clarify some of the issues for pregnant women that revolve around being touched. In her eighth month of pregnancy, Dallis attended her husband Everett's Christmas party where she was meeting some of his co-workers for the first time. Upon introduction, one male coworker dropped to his knees in front of her, grasped her pregnant belly and started addressing it in rapturous terms; he did not engage Dallis herself in conversation. The man's wife eventually came and dragged him away, offering as explanation that he was always like this with pregnant women. Dallis was mortified, and said that it made her feel like she was merely the carrier of "this thing." Although few women reported experiences quite this socially awkward, what is underscored here, and present in many of the accounts of the women who spoke with me, is that the pregnant belly comes to be seen as something that can be interacted with on its own. It is not even necessary to interact with, or acknowledge that one *is* interacting with, the woman who embodies the pregnant belly.

Being Desexualized

In addition to the difficulty of finding sexy clothing, some women felt that their sexuality was being denied; they collided with the cultural belief that sexiness is fundamentally incompatible with maternity, or with pregnancy at the very least (Bailey 2001; Bergum 1989; Davis-Floyd 1992; Dettwyler 1995; Newton 1977; Young 1984). Tamara Neufeldt explained; "you have become a non-sexual person . . . like as soon as you're pregnant, like nobody looks at you the same way. In that way, you know what, I mean you're not, you're not a sexual being anymore and so they won't treat you like a sexual being because men don't look at you like that." As mentioned above, there are a number of things that, according to self-help guides and current folkore, pregnant women are not supposed to be doing with or to their bodies. This set of beliefs and practices serves to construct the pregnant body as a "sacred vessel." Perhaps, then, culturally, sex is perceived both as a profanity of the sacred vessel and as a self-indulgence by a body and the woman who inhabits it, both of which should, at this time, be completely other-focussed.

Allison Simons sums up some of the issues in a journal entry she shared with me:

> Sometimes I feel like screaming 'hey, it's still me in here.' You know, even though I can't right now, I still like to drink and smoke and get high. I'm not REALLY 'matronly' and wholesome. I'd still like to have sex even if I'm not committed to the guy. It's like there's some big stereotype I'm drowning in. Like I'm not me anymore, I'm a pregnant lady. And yes, I'm pregnant. But I'm still me. It's frustrating sometimes - other times I feel really peaceful, almost like the stereotype.

This last comment by Allison might point to another dimension of the cultural contradictions surrounding sex and maternity. The images of the peacefully gestating, placid mama, on the one hand, and the woman enjoying passionate sex, on the other, might be difficult for some people to reconcile.

Another dimension of desexualization can happen closer to home. A few of the heterosexual women with whom I spoke reported that their male partners experienced some degree of discomfort with their bodily changes.[7] Such discomfort could range from being a bit "freaked out" about the big belly, stretch marks, and protruding belly button to being truly repelled (although this latter response was extremely rare). Jane Larson is the woman who was so delighted with her pregnant body that she had a plaster cast made of her torso. Her husband Michael, however, did not completely share her enthusiasm. She told me that at the beginning of her pregnancy, when she just had big breasts, Michael loved her body but when she started to get the big belly "he wasn't crazy about it, but I don't think he was grossed out either." Shira Moncken, on the other hand, said about her husband Taylor "it (her pregnant belly) kind of grossed him out too, like sometimes I'd say 'feel the baby,' and she'd be doing these roley things . . . and he almost couldn't touch it, like it sort of grossed him out. It's very strange." She went on: "I think he just prefers my body the way it is now. I kind of knew that. I think he's kind of happy that it's gone back to it's shape pretty closely." Such experiences were relatively rare; most of the partnered heterosexual women, and all of the partnered lesbian women, said that their partners delighted in their changing bodies.

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[7] Draper (2003) conducted virtually unprecedented research on men's experiences of their partners' pregnancies. Draper's findings are consistent with what the heterosexual women who spoke to me reported of their male partners.

It is possible, however, for a partner to delight in a woman's pregnant body, to find it fascinating, beautiful and even sexually attractive, but still not consider it appropriate for sex. Some of the male partners said that they feared intruding on the baby's space or possibly hurting the baby with intercourse and so, for some couples, sex diminished in frequency or stopped altogether. Nadine Carson, for example, had experienced a previous miscarriage, for which her husband thought intercourse was responsible. She was unable to dissuade him of this notion, and her efforts at pressuring him into sex seemed to upset him, so she let it go and their sex life stopped while she was pregnant. Among the heterosexual women who experienced this type of sexual diminution with their partners, it did not appear that non-intercourse sexual alternatives were pursued. This might indicate that there was more going on here than simple concern about intruding on or hurting the baby. We can see our common, heteronormative, cultural tendency to equate "sex" only with intercourse. We might also interpret these findings as indicating that a body that is considered inappropriate for male penetrative sexual pleasure is no longer read, at least by the male although possibly by both partners, as a sexual body, or as a body with its own sexual desires and needs, which could be met in a multitude of ways. Huntley (2000:357), commenting on the sorts of advice pregnant women get from self-help books, argues:

> Sexual pleasure and activity is legitimate if in the service of hormonal balance, muscular readiness and emotional well-being. We could say that, by implication, any sexual activity not directed at the proper maintenance

> of the maternal body, the unborn child and the heterosexual relationship, is unnecessary, even selfish. The personal desire of the pregnant woman, sex for sex's sake, is misplaced.

None of the lesbian biological mothers spoke of a sexual distancing occurring between them and their partners during pregnancy. Lesbian couples do not define "sex" in heteronormative ways, and are likely to have a larger range of activities that they classify as "sex" (Blumstein and Schwartz 1983; Frye 1990). Lesbian biological mothers, in fact, reported that their partners responded very positively to their changing bodies. Their partners agreed; all said that they found their pregnant partners extremely attractive.

Being Sexualized

Further complicating the delicate balance between maternity and sexuality, some women report being perceived by non-intimates as more sexy and attractive when they were pregnant (Bergum 1989; Huntley 2000). Among the women who spoke with me, many partners, both male and female, found some of the changes of pregnancy very sexy, especially in early pregnancy when the woman's body can get softer all over and her breasts get bigger. That attraction can certainly also last throughout the pregnancy.

Some women reported that, occasionally, strangers too felt compelled to comment on the sexiness of the woman. Such comments went beyond the mundane "you're glowing" and "you look fabulous" types of comments which pregnant women often come to expect. Madelaine Bell told me about her male coworkers, who had never previously made any sort of personal remarks to her. Once her pregnancy started to become visible, several of them took her aside and told her that she looked very sexy; she felt acutely uncomfortable with these comments and felt that they, like any sexual comments in a workplace, were inappropriate.

The experiences of Madelaine, and a few other women who also found (non-intimately connected) men commenting on how sexy they were during pregnancy, suggest a couple of interpretive possibilities. First, the pregnant body can indeed be perceived as very sexy. This could be due to some observers finding the curves and fullness erotically appealing, or it could be that the state of being pregnant is read (correctly or incorrectly) as proof that a woman is indeed (hetero)sexually active (Bailey 2001; Longhurst 2000; Upton and Han 2003). Grace Obetsebi, for example, explained that she was shy to appear at her place of work visibly pregnant. She felt that "everybody was saying, 'Oh, you have been sleeping with your husband.' I know this is very stupid but I felt really shy when it was so much coming out. It was like, 'Oh you've done it'." Upton and Han (2003) would argue that Grace should not feel stupid, that she has, in fact, identified a very real phenomena. They contend that "bringing sex into the workplace with the pregnant body is never unnoticed" (689).

A second interpretive possibility is that perhaps some people perceive it as less dangerous to comment on the sexiness of a pregnant body than it would otherwise be. It is possible that the sexualization and the desexualization of the pregnant body (and thus also of the woman inhabiting the body) come together here. In other words, perhaps it is perceived as safe to comment on the sexiness of the pregnant woman because it would be unthinkable that one is actually coming on to a pregnant woman who is, supposedly, not a sexual being and would not be expected to respond in a sexual way; her desexualization thus defuses her sexiness.

What About the Sexual Subject?

When considering both the sexualization and the desexualization of pregnancy, we must acknowledge how alienating these experiences can be, and frequently are, for the women who are subjected to them. The reactions and perceptions of others are not tied, in any necessary way, to a woman's sense of self, to her sense of her own attractiveness or sexiness, to her own sexual desires, or to messages about any of these things that she might be trying to project.

Many women said that they felt very attractive or sexy when they were pregnant. Others felt increasingly unattractive, and some were even disoriented or panic-stricken by what they felt was the loss of their old attractiveness. In terms of sexual desire, some women lost it entirely but many women reported that there was a period of time during the pregnancy when they felt heightened sexual arousal and desire. This increased sexual desire may or may not have been met with increased interest by a partner. We saw above, for example, that Nadine Carson could not convince her nervous husband to engage with her sexually, even though she felt heightened desire. Doreen Franklin, on the other hand, found her husband quite cooperative: "well, you know what, I was pretty frisky when I was pregnant. I think it was me. So I don't know if it was him. I think he was just tagging along."

Unpartnered women who felt sexy and sexually desiring, were generally out of luck when it came to finding a partner. Allison Simons explained:

> It really made me horny being pregnant. I don't know if that was something that was more physiological. Especially as I progressed in the pregnancy, like the whole weight bearing down on you. I guess it pushes blood into that area. That was a big thing for me and I think that I said something about how frustrating it was for me to be in the most sexual need that I'd ever been in my life but not having anybody there to help me do something about it. That was really hard.

Although women might always be interpreted through, and as, their bodies, during pregnancy, their bodies come to mean very different things than they had previously. Conflicts between a woman's subjective senses of her self, her attractiveness, her sexiness and her sexual desire, on the one hand, and outside interpretations or attributions of those characteristics, on the other hand, can be severely exacerbated at this time. The cultural inability to reconcile sexy femininity with maternal femininity ends up having to be negotiated and resolved at the level of individual women's bodies and lives. Inside the body that is being watched, monitored, commented upon, touched, desired or rejected is the woman, the human subject, who must try to determine which of her experiences constitute actual substantive change to or within her and which simply represent changed perceptions of, or attributions to, her. As we will see in the following chapters, other pregnant women and mothers can be invaluable in helping new mothers navigate this complex journey.

Placenta Brain

It is not just the outside of the pregnant body, or the contents of the pregnant belly, that are of concern to people. There seems to be a cultural perception that pregnant women are more emotional, even emotionally unstable, and that they are forgetful, and possibly even less intelligent than they were before pregnancy. Several women did, in fact, report feeling more emotionally unstable. A common explanation given is the fluctuating hormones of pregnancy. Lynne Krale said: "the worst emotional time for me was just before three months . . . For about two or three days. And I'd almost say it was a pregnancy, like a hormone surge, I think that's what it was, because I was like PMS times 10. I was a basket case." Dallis Wilson, when I interviewed her during her pregnancy, told me "I know I'm different. I know I cry when I didn't use to cry, I get really angry over things that didn't use to bother me."

Regardless of fluctuating hormones, which seem to frequently be used to explain women's inconvenient emotions, we cannot discount the significance of every single aspect of one's life changing, in a very short period of time, and the impact that can have on one's emotions. For Sydney Newton, and many other women, pregnancy was a period of tremendous personal development. For Sydney this meant that she came to realize that her intimate relationship, and many of her friendships, were dysfunctional, even abusive. She said that she had been "emotional, yes, but for very good reason. The same things would drag me down now except knowing all the information that I have and utilizing it."

Some women also reported being forgetful or absent-minded. Lynne Krale, for example, said

> you do, you lose your mind. You just, you forget simple things that you normally don't forget. It's the weirdest thing. That would be the only thing I could chalk it up to. Sometimes it's just a real good excuse but no, I honestly, it did, it does occur, it really does, and after the child is born too. I think any time that you have, like, pregnancy-type hormones in you, you do, you kind of just forget stuff that you wouldn't normally forget. I'd forget numbers and Lola (partner) knows I'm really good with numbers,

> like phone numbers.

It seems that there are also at least a couple of non-organic processes operating here. First, it is possible that normal instances of forgetfulness or absent-mindedness (or emotionality) are being noted, attended to, and then explicitly attributed to pregnancy, because observers, including pregnant women themselves, have been offered this classification scheme for the behaviours and experiences of pregnant women and have been alerted to be on the lookout for forgetfulness and emotionality. Shira Mencken, like many women, found this particularly problematic at work:

> I got that a lot. Gary, my boss would do that to me too. Yeah, I wasn't more forgetful. I mean I was as normally forgetful as I always was but if I was to forget at work, or I'd ramble on about something, or I'd make a mistake about something he'd say 'it's okay pregnancy brain.' Yeah he would. You almost believe it like 'oh well, maybe it is the pregnancy, I'm not that stupid.' Isn't that ridiculous?

Second, pregnant women have a lot on their minds.[6] Their bodies, lives, routines and identities are undergoing fundamental shifts; some of the little details of everyday life might get lost. Jill Hobart, a school teacher, described her experiences at work:

> You know if I would say I forgot something, um the catch phrase was 'oh you have placenta brain.' So, you know, it was 'oh placenta brain was taking over.' You know what I think? I don't know if I was more forgetful but my mind wasn't on that (the task at hand). It was on other things. Yes, I think that it's the, the being preoccupied with the fact that you are pregnant, but, you know what, this thing . . . is moving. I don't know if you've had children but this thing that's moving in your belly at all times and you feel it, you know, you're trying to. I would be up trying to teach a concept and all of a sudden you know being kicked in the bladder and

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[6] Ramona Mercer (1986) suggests that a first-time mother is particularly likely to be "increasingly preoccupied with herself and the growing fetus" (53), because it is all so new to her.

> knowing that I have to go to the bathroom already and so you know that was my focal point if anything. So I lost my train of thought many times and then my class would just laugh and it was okay.

Almost every woman with whom I spoke had been accused at some point of having "pregnancy brain" or "placenta brain," and this was sometimes experienced by the woman as quite alienating. We see again that a woman's own motivations, her sense of her self and her emotional and intellectual state, and her sense of the social reality at the moment, can all be denied and subsumed under perceptions and assumptions based solely on beliefs about her physiological state. This sometimes reached proportions that struck the women as ridiculous. Hazel Norton, for example, told about being at the cash register in a grocery store and, as her groceries were coming through, she was unsure if a loaf of bread belonged to her or to the woman behind her. When Hazel asked, the woman said the bread was hers and told Hazel "don't worry, I lost my mind too when I was pregnant." Hazel was literally flabbergasted at this interpretation of her question. She told me that her feeling at that point was "I don't think I'm losing my mind, I just wanted to know if that was yours or mine." She said she received "a lot of those kinds of comments and um sort of 'oh I was so forgetful too.' And you think 'well it's not because I'm pregnant.' But ah, but people are very willing to attribute it to that I think."

Allison Simons wrote, in a journal entry that she shared with me, about an incident, that seemed to be about "placenta brain," that happened when she was pregnant:

> The other day I was walking through [the mall] and this woman came running up to me, all excited, and told me my dress was tucked up in my tights! I was so incredibly embarrassed - so many people must have seen me like that! And she said, 'it's all right, I know what it's like to be pregnant.' But what's that supposed to mean? Are pregnant women slobs

> or something? Am I expected to do foolish things like walk around in public with my butt showing? Hmmm...

What was so alienating for some of the women who were accused of "placenta brain" or of pregnancy emotionality, was the feeling that everything they said and did was now being interpreted through their pregnancy. Even if they were, in fact, slightly more emotional or slightly more forgetful, and some women truly felt they were, *all* emotions and *all* instances of forgetfulness were being ascribed to the pregnancy. As such, forgetfulness could be noted and made an issue of, if only in jest, and emotions could more easily be minimized or dismissed.

Friends, family and strangers were often so insistent that these changes do and must occur that several of the women actually questioned or modified their own perceptions of themselves. As Erica Edwards said, "sometimes you start to believe it and you start to even play on it. You know what I mean. So it's like, fine, if you're going to say that because I'm pregnant I can't think, then fine, here you go, you can have it."

The Woman in/and Her Body

Our bodies and our senses of self are closely intertwined; it can seem inconceivable, in fact, to try to separate the "self" from the "embodied self." It is also difficult, if not impossible, to experience our bodies unmediated by our attributions of others' readings of our bodies. This is true for both men and women, for whom the body, its appearances and its abilities are read as gender-encoded, symbolic text in its cultural milieu. I would argue, however, that women, far more than men, have been reduced, culturally, *to* their bodies. Woman *is* her body, her beauty, her fertility. As we have seen so far in this chapter, some of the central challenges faced by pregnant women arise from having to negotiate or refute the attributions that people make to the women's (sexual, emotional and intellectual) *selves* based solely on the appearance of the women's (pregnant) *bodies*.

I am not suggesting that such attributions happen to a lesser extent to non-pregnant women, but that it can be less salient in non-pregnant life for a number of reasons: first, in regular daily life people are less likely to comment on a (non-pregnant) woman's appearance and shape; second, if they do comment, they are less likely to make explicit links between appearance and fundamental characteristics (blonde jokes notwithstanding); third, non-pregnant women might have a sense of control over the appearance they are projecting, and the ways in which it is being read, and feel comfortable with (or at least resigned to) those readings; fourth, non-pregnant women have had years to accommodate their sense of self to be more or less consistent with the image they think they are projecting and the ways in which they think it is being read. I am certainly not suggesting, however, that non-pregnant women are never alienated by others' readings of their bodies or by being reduced to their bodies, or parts thereof. I am saying simply that these experiences multiply tremendously for pregnant women. Pregnant women rapidly enter a symbolic realm of which, if this is their first pregnancy, they have had no real understanding and in which they have relatively little control over the ways in which their bodes are being read.

And inside those pregnant bodies are the women whose senses of self are based only partially on how their bodies are read by others and on how the women themselves anticipate and interpret those readings. Another component of the sense of self comes from one's subjective experiences of one's own body, not of its appearance but of its abilities, strengths and weaknesses. All of the pregnant women and birth mothers with whom I spoke had distinct expectations of their bodies' performances in pregnancy, childbirth and mothering. Sometimes these expectations did not become salient until they were either met or thwarted. Many had not realized the extent to which they identified themselves with, and as, their bodies' capabilities until those capabilities were put to the test. A woman's ease or difficulty in conceiving, in carrying a fetus, in birthing or in nursing a baby could each have a profound impact on her sense of self and her sense of her own efficacy.

Some women were delighted to find that conception was easier, which really meant that it happened more quickly, than they had anticipated. Women who have been on the pill, for example, are cautioned that it can take six months after discontinuing it to regain full fertility. Other women, who had been given reason to believe they might not be very fertile, sometimes interpreted it as a personal accomplishment or triumph when they were able to conceive (Bailey 2001). On the other hand, women who had difficulty conceiving, or who found that it took longer than they had anticipated to get pregnant, sometimes felt that their bodies had let them down and even that they were failing as women. These observations are consistent with research on infertility that finds that women's self-esteem and sense of self-efficacy diminish as they attempt unsuccessfully to get pregnant (Andrews, Abbey and Halman 1991; Bailey 2001; Franklin 1997; Liebmann-

Smith 1989; Sabatelli, Meth and Gavazzi 1988), and that the psychoemotional impact of infertility is often greater on heterosexual women than on their male partners (Abbey, Andrews and Halman 1991; Draye, Woods and Mitchell 1988; Sandelowski 1990).

Similarly, women in my sample who had previously experienced difficulties carrying a fetus to term sometimes identified with their bodies' challenges as if they, their own selves as women, were failing at an essential task. Earlier miscarriages might leave them feeling nervous throughout a later pregnancy and finally carrying a fetus to term could feel like a tremendous accomplishment. This accomplishment was a woman's own, not merely that of her body in a disconnected way.

Women who had never had difficulty carrying a fetus to term were not as likely to feel such triumph at reaching term, perhaps because they were able to take it for granted that they would do so. Nonetheless, the dominant bio-medical model of pregnancy (Root and Browner 2001) and self-help literature for pregnant women (Marshall and Woollett 2000) place the responsibility for safely reaching term, and delivering a healthy baby, squarely on the shoulders of the gestating woman. Thus mothers, and everyone else, are encouraged to read an uneventful gestation and the birth of a healthy baby as indicative of the woman's efforts, desires and worthiness both as a woman and as a mother.

Birthing

Giving birth is a social event, steeped in cultural ritual, meaning and elaboration. It is a rite of passage; first birth marks a sharp, and generally permanent, shift in social status from "woman" to "mother." It is an intellectual and emotional journey. It is an ordeal to be endured and a challenge to be survived and celebrated. It is a symbol, worn not in manifestly visible ways, but materialized in the sharing of birth stories. It is only partially, but very significantly, a physical experience and that physical experience is like no other. I will discuss the symbolic and interactional dimensions of birth and birth stories in chapter three; here my concern is with women's embodied experiences of birth and the ways in which those physical experiences reflected on, conformed to or contradicted, and wrought fundamental shifts in some women's sense of self.

The experiences of birth, especially as compared with a woman's expectations of her bodily performance during birth, can have a profound impact both on a woman's sense of self and on her sense of maternal identity (Bergum 1989, 1997; Oakley 1979). Almost none of the women with whom I spoke had the birth they expected, but of course, regardless of how many birth stories one might hear ahead of time, it is impossible to know what birth will be like for oneself; even second-time mothers confirmed the adage that every birth is different. Most of the women took great pride in the accomplishment that is giving birth, and many expressed the sentiment "if I can do/survive that, I can do/survive anything." This "anything" was not necessarily (in fact usually was not) another physical challenge. The meeting and conquering of this physical challenge translated, for many women, into evidence that they could meet any challenge, be it emotional, intellectual, social or financial. Bronte Campbell, for example, stated that after giving birth for the first time, during graduate school, she was no longer afraid of facing her comprehensive exams.

Giving birth can have a profoundly positive effect on a woman's sense of her efficacy and yet, for women who feel that they have had relatively positive birth experiences, it is easy to overlook the link between the birth experience and the sense of self or the sense of one's worth or ability as a mother. It is when we listen to the stories of women who define their birth experiences as negative that these dimensions become more visible. It should be noted that the definitions here are the women's own; what matters are not "objective" standards of a "good" birth, although perceptions of such standards might be incorporated into women's own definitions. What seems to matter the most, in terms of how positively or negatively a woman defines her birth experiences, is how closely those experiences resemble her expectations and the degree to which she is able to maintain, in the process of giving birth, some of her central beliefs about herself. Three stories, one of a birth that was "too easy," one of a birth that was "too difficult," and one of a caesarean section, will illustrate the profound significance of having (or not having) the birth experience that one considers desirable.

Ellen Noonan was the mother of a toddler when I first interviewed her. Eight months pregnant with her second child, Ellen had made extensive preparations for the birth. A doula[9] herself, Ellen was well acquainted with both medicalized and non-medicalized birth practices. Her first daughter, Alexandra, had been born at home, and Ellen had arranged for a water-birth, at home with midwives, for this second child. Ellen spoke of giving birth as a very spiritual experience. She had put a great deal of thought into how to make this experience peaceful, loving and significant for herself, for the new baby and for her husband and daughter. The Ellen I later spoke with, three weeks after the birth of the new baby, Brigit, was a pale, grief-stricken, much subdued version of the happily expectant mother I had met previously.

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[9] A doula is, quite simply, a birth companion. Not a midwife, in the sense that the doula does not get involved in the delivery in a hands-on way, a doula is more of a birthing coach. Klaus, Kennell and Klaus (1993:4) define a doula as "an experienced labor companion who provides the woman and her partner both emotional and physical support throughout the entire labor and delivery, and to some extent, afterward."

On the night of the birth, Ellen had awakened at 2 a.m. feeling discomfort as if labour might be beginning. She got up and walked around. She felt, she said, very "out of it." She phoned her midwife and said she thought contractions were starting but that there was certainly no need for the midwife to hurry over. The midwife, alerted by how strange Ellen sounded, decided to go immediately. In the meantime Ellen went to the bathroom and while she was sitting on the toilet she felt a strong urge to push. Since there had been no progression of labour, and since one push is generally not sufficient to birth a baby, she decided to allow just one push and, when she did so, she felt immediately better. She continued to sit on the toilet for several minutes and this is where the midwife found her. As the midwife spoke to her, they both heard what sounded like a distant baby's cry which Ellen, at first, took to be her older daughter. But the midwife seized Ellen by the arms and pulled her off the toilet and there was Brigit, with her head bleeding where it had struck the porcelain, half-immersed and crying. Brigit was very cold and they had Ellen's husband take her to bed to warm her up while Ellen, who had begun to haemorrhage, got into the bath.

Ellen found it extremely difficult to tell me this story and originally requested that I not record it. She was devastated and humiliated by several of the events surrounding her daughter's birth, and it was only in the weeks and months following this second interview that she slowly become more comfortable with the thought of people hearing her story and gave me permission to tell it. She felt devastated, for Brigit's sake, that Brigit had been born into the toilet, the site of waste, and had not had the sacred and celebratory birth experience she had wished for her new daughter. Even though Brigit was, ultimately, completely healthy and suffered no long-term damage, Ellen was extremely distressed that Brigit had been hurt in the process of birth and then had been left, unknowingly, in the cold water for a dangerously long period of time. But, most of all, she was upset with herself, as if this birth had been her fault, her own failing; as if her body had let her down and she, in turn, had let down her daughter. She said that she felt as if she had missed the birth and the crucial bond that can occur when feeling the baby emerging. She felt that she had failed to "give birth well" and thus felt like a failure as a mother. Ellen told me she was glad that she already had one child, and thus knew she was a good mother; if this had been her first child, she explained, nothing could have convinced her she would be a good mother after that birth experience. Ellen's birth experience was, physically at least, far easier than she had anticipated. She quite literally did not feel her body giving birth, and thus felt that her body had cheated her out of a vital experience. This willful body, however, was still interpreted as reflective of her own desires and abilities; her body's "failing' was not disconnected from the weaknesses and failing of her own self, especially her own self as mother.

Kyla Iverson also had a birth experience that disappointed her, in this case because it was much more difficult than she had anticipated. Kyla and her lesbian partner, Devin, had chosen to have Kyla inseminated anonymously. Kyla was a high-performance athlete, employed in the health and fitness industry, who had a great deal of confidence in her young, strong and healthy body. She remained vigorously active throughout the pregnancy, continuing to run right up until very near the birth. She told me that she felt fabulous throughout the pregnancy, healthier, stronger and more attractive than she had ever felt. She and Devin had made arrangements for a home birth with midwives, and neither they nor the midwives expected any difficulties. But difficulties there were and after 36 hours of labour, of pushing and agonizing and trying every way to get the baby out, Kyla had to be transferred to the hospital. The staff there determined that the baby was in distress and had ingested meconium (the first stool passed by a newborn) and thus needed to come out immediately. Kyla pushed so hard she dislocated her tailbone but she did manage to birth her son Slade vaginally, with no medication and no interventions. Slade, the baby who was meant to be born at home and never separated from his mothers, had to be transferred to the Neonatal Intensive Care Unit where he was kept for several days on antibiotic treatment (because of danger of infection from the meconium).

This was devastating to both mothers. Kyla's devastation was compounded by the conviction that her body had failed her, and that she, in turn, had failed Devin, Slade and even the midwives. This was the first time her body had ever failed to do what she expected of it. So many parts of her personal and professional identities were bound up with being highly athletic, that her very sense of self was shattered. Not only was she forced to reconsider her physical capabilities, she also had to reassess her sense of who she was and what, in general, she was capable of. She told me

> Devin and I, who have, and especially had at that time, a wonderful relationship communicating, could not talk about the pregnancy or the birth. It took until about three and a half weeks afterwards. We just could not talk about it because it was just so upsetting. And I did feel that I had let everyone down, midwives and Devin by choosing to go to the hospital and it was not, that was just not like me to do that, um, and so feeling like, knowing what you're able to do mentally and physically and then having to admit, I guess defeat in a way, in choosing to go into the hospital. That was really hard.

Kyla went on to suffer from a major post-partum depression and I would suggest that at least part of Kyla's depression was, in fact, an intense grieving for the loss of the indomitable young woman she had once felt herself to be.

Dawn Taylor's story is also of a birth that involved unanticipated medical intervention. Dawn's baby Scott was born by emergency caesarean section for which Dawn was under general anaesthetic. She thus did not meet her son until he was an hour and a half old, and she has absolutely no memory of his birth. Dawn had the beginnings of a sense that her body had failed her when, after a day in the hospital, a nurse exacerbated her nascent concerns by informing Dawn that she would never be able to make up for the bonding opportunities that she had lost by being unconscious during her son's birth and earliest minutes of life. Dawn was devastated and believed the nurse completely. The nurse's sentiment was repeated by other mothers who also, on occasion, informed Dawn that she had "taken the easy way out" by having a c-section instead of going through full labour and vaginal birth. This was something that many of the mothers who had experienced c-sections reported hearing at least once; the implication was that their own weakness, their own lack of will or strength or commitment to motherhood, had lead to the necessity of a c-section. They never heard a suggestion, from other mothers, that the c-section rate reflects trends within medical practice, trends that are very difficult for any one woman to fight or refute. Likewise, there seemed to some women to be a limited willingness, on the part of others, to see a woman's inability to give birth vaginally as caused by a condition of her body rather than by a condition of her self.

All these stories make it clear that there is no such thing as an objective, universal physical experience. We interpret our own physical experiences in terms we have learned and internalized both from our surrounding culture and from people or sources significant to us. We must also always negotiate the immediate responses of others to our physical experiences. In Dawn's story, I see a young woman who was somewhat traumatized by her unexpected, and physically painful, trying and frightening birth experience, who then had her trauma increased tremendously by a nurse who framed the birth in such negative terms that Dawn now feels she will never get over it or be able, with her son, to compensate for it.

Pain

A significant thread running through all birth stories has to do with pain (Bergum 1989, 1997; Oakley 1979). In chapter three, I will discuss the symbolic significance of the endurance of pain as initiation ritual. For now, I will focus on women's subjective experiences and accounts of the pain of birth and on the psychoemotional impact on them of having survived such pain. Often, in fact, when women say "if I can do that, I can do anything," what they are talking about is, at least in part, having endured the pain of giving birth. Their confidence in their own strength and abilities is enhanced. Typical of many women, Allison Simons related:

> I considered myself to be a really strong person and that I can endure a lot. I think that (enduring the pain of birth) . . . contributed to that feel of myself, that it was really something that I did that. That I got through it even though by the end on the operating table, flailing all around in the nude, begging to be put under. You've got all these doctors and nurses standing around calmly watching me. So I don't know how I handled it at the time. That was, in terms of physical pain, by far the worst thing that I've ever gone through.

Many of the women who spoke with me expressed surprise at the degree and intensity of pain during labour and birth despite having taken prenatal classes in which pain was discussed and despite months of hearing other women's, often gruelling, birth stories. Sylvie Tremblay told me "I remember that it was extremely painful . . . It totally surprised me. I knew that it was going to be painful but it totally takes you off guard because you just have never experienced it before." Similarly, Hazel Norton said "I wanted to have natural (childbirth), little intervention, but I wasn't prepared for the pain and I wasn't prepared for how to handle it. I don't think anybody told me how painful it was going to be." These were common declarations, and Sylvie, like over 65% of the birth mothers I interviewed, ended up having pain medication (generally morphine and/or an epidural). I suspect, however, that women who have pain medication during birth do not know that they constitute the majority of mothers. We will see in chapter three that there is considerable ambivalence, within the culture of motherhood, surrounding the use of epidurals and that women who have had them often feel that they need to justify that decision to other mothers.

Even women who take morphine or have epidurals, however, generally experience considerable pain during the labour process (it is usually the intolerable pain that prompts them to request medication). Many women, including those who received pain medication, believed the pain was an important part of the process of birth. There are two main themes in these accounts. The first theme is that the pain is something the mother needs to experience for herself, that it is vital in her preparations for mothering this baby (Bergum 1997). Doreen Franklin described the pain as a type of wake-up call that would tangibly signal the transition to motherhood. She said:

> it is a very dramatic experience and it's almost like you may need that much of a rude awakening to get you focussed. I'm always amazed at how one minute you don't have a child and the next minute you do. That's very hard to grasp. It's almost surreal. Because now if you don't do all these things that kid is going to die. That's hard to grasp especially for a first-time mom. The pain [is an awakening].

Eva Nichols told me:

> [The pain] lets you know that . . . when it first starts happening . . . it lets you know that it's happening. You should get ready for this baby to come because it's coming. The pain is quite different. It's not like the pain that you'd have like when you're sick or when you've had surgery or you've injured yourself . . . that pain that something's wrong. It's pain but it's just this really intense . . . it's pain but it's very different. It's almost . . . it's working pain. You can feel that there's work going on and there's pain for a purpose . . . It's just this really intense work going on. That's what you feel.

Ellen Noonan, who was upset about the very rapid birth of her second baby, explained that part of her grief was that she had not felt the pain of the birth, she had not, in fact, felt the birth at all. And feeling the birth, she explained, is essential to comprehending, on a deeper level, the transition that has just occurred. She told me that the pain is an important psychological preparation, that it is a necessary build-up to an embodied understanding that the baby is coming. The pain, she said, is the physical metaphor for what is happening psychologically; one needs to go through the physical experience of birth in order to understand the experience on a deep emotional and psychological level. Part of the experience is the deep connection the mother feels with the child she is birthing. Bergum (1997), who also interviewed women as they journeyed into motherhood, thus asks "(i)s it possible that the pain helps one recognize the profoundness of the mother-child connection?" (43).

The second, less evident, theme in accounts of the importance of birth pain focussed on the symbolic significance to the mother of this pain-filled gift she gives to the baby. Dawn Taylor, for example, told me:

> I feel part of being a mother is to have that pain. There will be nothing that will bond you with that child more than remembering what you went through for them. That's the most that you can go through for them unless you throw yourself in front of a car for them or something. That will be the most tremendous amount of pain and love that you can go through for your child, ever. Cause you just gave life to them.

This gift of the endurance of pain is only the first of many sacrifices a mother might expect to make for her child. Simply being a mother is to have sacrifice demanded of one. And in investing so much of her own life, time, energy, labour and love into another person "(t)he woman who becomes mother vastly increases her capacity for pain and vulnerability" (Bergum 1997:53).

The pregnant body and the birthing body are certainly symbolically significant, to the women inhabiting them, to other mothers, to friends and family and to society in general. Embedded within that sociocultural context, and within the bodies, are the consciousnesses of women trying to negotiate the journey into motherhood. What is happening to them might be largely symbolic to outsiders. To those inhabiting pregnant, birthing and mothering bodies, however, their experiences are immediately real if also culturally mediated and symbolically significant. Pregnancy and birth constitute a realm of experiences that I, and many of the women with whom I spoke, would contend is not possible to fully, or empathically, apprehend in its physical, existential or symbolic dimensions without experiencing it. Nonetheless, it is essential for people to have some insight into these embodied experiences, if they are to understand what it is that new mothers share with each other or why they would want or need that sharing. We have seen that much of what the women told me about their embodied experiences of pregnancy and birth is consistent with accounts heard by other researchers. I have drawn attention to these experiences because they provide much of the raw material that is processed, symbolised and articulated within the culture of motherhood as part of the entrée into that culture.

Women who experience pregnancy, birth and motherhood are a unique, if ubiquitous, group. Women who enter motherhood by non-embodied means, such as shared lesbian mothering and adoption, also come to inhabit the social world of mothers. This latter group enter motherhood more quickly in a symbolic sense (although in a temporal sense, of course, they might wait years to become mothers). As we shall see in the next chapter, gestational mothers have an earlier, clearer and more elaborate initiation into the mothers' club, but all mothers, eventually and in some way, must become cognisant of that social world. They must also determine how they want to identify themselves in relation to the club and membership therein. Let us now turn our attention to the ways in which the bodily experiences we have just considered are mediated, negotiated and articulated by and within the culture of motherhood.

Chapter Three

Initiation

"when you are able to share a labour story,
you feel like you kind of have arrived,
you know…with other mothers" (Sylvie Tremblay).

We have examined aspects of the embodied experiences of pregnancy and birth from the perspectives of the women who inhabit the pregnant and parturient bodies. Certainly, some of the challenges faced by women on their journeys into motherhood are created by the necessity to decipher and negotiate the symbolic dimensions of their journeys. Each individual body, each individual woman, is the centre of a series of concentric, and overlapping, cultural spaces. In this chapter, we will begin to draw out, explore and elaborate the circle occupied by mothers. Specifically, I will discuss the processes by which women come to be initiated into the culture of motherhood. I will examine the ways in which some of the bodily experiences we discussed in chapter two take on symbolic significance, as other pregnant women and mothers actually read, and respond to, a woman's pregnant or labouring body, its clothing and its behaviours, and to what she has to say. We will examine some of the rituals and ordeals that are required of initiates, the discursive construction of a common cultural realm and the ways in which non-gestational mothers come to be initiated into the club.

Showing and Telling

Most gestational mothers experience their initial tentative forays into the mothers' club when they first share the news of their pregnancies with family and friends. This news is generally shared before the woman is "showing" so her testimony is vital in establishing her shift in status. My use of the word "testimony" should not be taken to indicate that women are called upon to furnish proof of their pregnancies; their word is sufficient. Indeed, both within the culture of motherhood, and within the other cultural spaces occupied by women, there is generally no expectation that a woman might lie or joke about being pregnant. The announcement of a pregnancy is taken as very serious, very real news. This would be part of the reason why there is a set of rules around when to tell, who to tell and the order in which people should be told.

The rules are loose in that there is some room for each woman to negotiate her way through them; nonetheless, each woman is hearing the same set of rules. The rules themselves are imparted by other mothers, generally friends and relatives who have recently gone through pregnancy or birth, by self-help literature for mothers, by medical practitioners and, perhaps, by elements of the larger culture. These rules are so pervasive, however, that often the women I interviewed could not identify where, or from whom, they had heard them. They simply knew, for example, that one rule is that they should not announce their pregnancy until after the first trimester. Similarly, it seems to be viewed as simply a matter of common sense that the news would be shared first with one's partner if one has one, then with family members, then with close friends and, often much later, with casual friends, coworkers and employers. This latter rule underscores the extent to which motherhood is seen as a primarily private and familial concern, with relatively little acknowledgement of the very significant shift in status that occurs, within the larger culture, for women who become mothers.

While most of the women I interviewed followed the latter rule about the order in which to tell people, they struggled much more with the former rule about when to tell. All had heard that they should wait to pass the three-month mark before telling but each had to determine her own comfort with this rule. The medical rationale for this rule is that there is a sizable chance of spontaneous miscarriage during the first trimester; women should thus wait to see if the pregnancy will really "take" before they announce it. Some women accepted this precept and told nobody, apart from their partners, until the first trimester was safely out of the way. Many more women also told their parents, siblings, in-laws, and very closest friends, allowing this intimate circle of people to share the tenuous first three months of pregnancy. Kirby Evans' explanation of when she and her partner Mandy announced their pregnancy was fairly typical:

> We told our best friends, our closest friends we told right away, our really close friends and family. But we didn't tell anybody else until after three months. We were told that was the crucial period with a first baby. So we just did what every couple does, I guess, told the people we were closest to, and then when you're sure the pregnancy is in there, pretty certain, then you tell people.

Several women mentioned that if they did miscarry, their families and close friends are the people they would turn to for comfort anyway; it thus made sense to let them in on the news. Brooke Campbell explained:

> I know a lot of people wait after the 12 week or three month point because there's a 20 to 25 or whatever percent chance of miscarrying beforehand. And so both times we have been too excited to shut up . . . we told our friends, like our closest . . . just the ones who are close friends, and we did tell them, you know, just kind of keep low on it, it's just between us and stuff. But that's because I didn't want strangers to know, um, but friends were fine. And we knew, you know, that a lot of people wait but we also were really excited about it and we thought "well you know if something negative were to happen then we would end up sharing it with these people too so."

A few women made the news generally available to casual friends, coworkers and even strangers before the three month mark but most did not. In terms of the work place, and all the administrative measures that are activated once a woman has announced her pregnancy, it makes sense that she would wait until she is relatively sure that the pregnancy is safe. There do seem, however, to also be other considerations here. Once a woman's pregnancy is known, her status shifts to that of pregnant woman. "pregnant woman" is itself a transitional and symbolic status, indicating that one is soon to be "mother." Although "pregnant" is a liminal status, it is stable for the duration of its existence, an existence that ideally will culminate in the birth of a viable infant. To present a credible "self" in a Goffmanian sense, both as a pregnant woman and as someone who can knowledgeably claim to be pregnant, it is best to have confidence that the provisional pregnancy will not disappear. As Goffman explains (1959:233), if we present the right information about ourselves and deliver a fairly consistent performance of that self, "the performance will come off and the firm self accorded each performed character will appear to emanate intrinsically from its performer." It could thus be absolutely socially mortifying to be performing "pregnant woman" and then lose the one prop essential to the performance.[1]

It can also be very difficult to shift performances, especially when they are performances of a master status. It is difficult enough for women to shift into the performance of "pregnant woman" and then out of that into the performance of "mother." We might expect that it would be even more difficult to shift into "pregnant woman," out of "pregnant woman," and into "unfortunate and grieving victim of miscarriage," then into "survivor of miscarriage trying nervously for another pregnancy," and into "pregnant survivor of miscarriage, hoping for the best this time." Although some women might want to share these experiences with a large group of people, the smaller the audience for these performances the better, and the less each must become a master status during its duration.

And "pregnant," like "mother," certainly does become a master status. As we saw in chapter two, pregnant women are often surprised by the degree to which they are no longer seen as themselves, as persons with multiple interests and engagements; instead each woman becomes primarily a "body with a baby in it." This shift in perception occurs all around the pregnant woman but one of the most significant groups for recognizing and reifying the shift in status is other mothers and pregnant women. Since the new status is, in the first place, conveyed verbally, and generally only to those who are close to the woman, it is generally the mother, mother-in-law and mothering sisters, sisters-in-law and friends who become a woman's first guides into the culture of motherhood.

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[1] I realize that speaking of the fetus as a "prop," and miscarriage as a failed performance of pregnancy, might seem insensitive. I do not mean to belittle the very real grief and loss that are experienced by women who miscarry (and by their partners and families). We must, nonetheless, also be able to appreciate the performative dimensions of such experiences.

Many of the women with whom I spoke were greeted with joy when they shared their news with family and friends. This was the case even with unplanned pregnancies although sometimes unpartnered women experienced an initial period of hesitancy or concern regardless of whether their pregnancies had been planned. It was clear that family and friends tend to view a committed heterosexual relationship as a highly appropriate place to have children, planned or not. Bronte Campbell, a graduate student, had recently separated from her husband and had been involved with Evan for only three months when they found out that she was pregnant. Nonetheless, when she told her parents, her father said "well it's the most natural thing in the world to happen. That's, that's the way things should happen, you know, you fall in love, you get pregnant, good."

The same assumption is not always made about committed lesbian relationships and often pregnant lesbian women have to deal with familial ambivalence: tentative happiness over the expected baby mixed with disapproval of the lesbian relationship and/or concerns about the social consequences for the child of living in a lesbian family in a homophobic society. Consistent with previous research (Hequembourg and Farrell 1999; Nelson 1996; Patterson, Hurt and Mason 1998), the extended family of the biological mother in a lesbian family is more likely than the family of the non-biological mother (if the biological mother is partnered) to celebrate the pregnancy and consider the child "theirs." This can make for significantly different mothering experiences, right from the beginning, between biological and non-biological mothers in lesbian families. While the pregnant partner is being ushered into the mothers' club by family and friends, the non-biological mother's impending motherhood might not even be recognized by the mothers who are closest to her - her own mother, grandmother and mothering siblings. I will more closely examine the challenges faced by prospective non-gestational mothers, both lesbian and heterosexual, later in the chapter.

Once pregnant women share the news with other mothers or pregnant women, the pregnancy tends to become central in conversation. Yvonne Brown was one woman who was actually alarmed by the degree to which the pregnancy became the central topic of conversation with her mother and other mothering relatives. She was writing a Master's thesis during the first half of her pregnancy and found it very disheartening that nobody asked her about that process anymore. She felt hostile about, and alienated from, that "mommy world" where all that was discussed was "mommy stuff." Yvonne, like a few other mothers who spoke with me, experienced a panicky feeling that she was losing her self, or at least a part of herself. Her feelings, however, began to change as her pregnancy progressed:

> all they talk about is baby baby baby baby baby and I just didn't want to be a part of it cause I felt like I lost part of my identity of who I was and that was the biggest thing. Now that the due date is getting closer ... I feel like I belong more so I think I've come to accept it.

Several other women, however, enjoyed the attention on their pregnancy experiences. They appreciated the advice and guidance of other mothers and were happy to feel that they were making entrée into the club. Bronte Campbell said that "it was nice to be able to feel kind of normal around other pregnant people, you know whenever I talked to them." Jane Larson explained: "it was helpful having friends that were pregnant or people that had been pregnant when I was pregnant just because, you know, you worry about this and you worry about that and, you know, it's nice to be able to bounce ideas off of somebody or get practical advice." Anne Isely found that among her friends who were already mothers:

> they did treat me differently. They treated me like…for the ones who were already parents it was like I joined their club. Now I could empathize with them. Now I belonged…I belonged to them always as friends but then I belonged…we belong in different ways to even the same people and at that point I belonged as a co-mother.

Maternity Clothes and Pregnant Bodies

Once a woman is visibly pregnant, her initiation into the culture of motherhood takes on a new momentum. Now she no longer needs to tell people and, in fact, she loses a great deal of control over who has access to this information. Her status as pregnant becomes part of the public domain and, as we saw in the last chapter, this is sometimes interpreted by others to mean that her body itself is now public domain, available to be touched and commented upon. Although numerous strangers will now interact with her, sometimes in surprising ways, the most sizable and significant group, who might seem to "come out of the woodwork" at this time, are other mothers.

As we saw in chapter two, maternity clothes are sometimes worn before the pregnant body actually requires such roomy clothing. Several women admitted to wearing maternity clothing specifically so they could announce their pregnant status (even if this announcement was sometimes being made for the purpose of refuting any suspicions of unacceptable weight gain). Whether it is made by the maternity clothing or simply by the identifiably pregnant belly (and for many women this does eventually become unambiguous regardless of clothing), once this public announcement is made other mothers and pregnant women respond in fairly consistent ways.

Several women spoke of other pregnant women now making eye contact with them in public spaces, so that some mutual acknowledgement was achieved even if conversation was not possible. As Mandy Evans-Robert described, "you'd notice, you'd notice other pregnant women and you'd notice other pregnant women noticing you, like just by a glance, that kind of thing."

Very often, however, an opportunity for conversation is found or made. Questions such as "is this your first," "when are you due," and "are you hoping for a boy or a girl," are generally not asked by men or by non-mothering women. The askers are almost always other pregnant women, women who reveal in some way that they are mothers, or older women, assumed by many of my participants to be grandmothers. Sometimes the conversation stops with such questions but often, time and space permitting, these questions open the door to more elaborate and intimate discussions about bodily events and self-care, major decisions being made by the expectant mother (for example, regarding circumcision or breast feeding), and decisions or plans about the birth (for example whether one plans to have an epidural). Kate Thompson described experiences shared by many of the women who spoke with me:

> You know you get into little conversations like "when is your baby due?" [And then it gets] more personal, people . . . ask you things like "do you plan to nurse?" and that's when you know "oh man I'm going to be a mom" now people are asking me if I'm nursing? I never would [normally] talk to people about this kind of stuff.

The conversation that occurs in the grocery-store checkout line will by necessity be shorter and less intimate than the conversation between women who meet at a party or who happen upon each other in the staff lunch room. Regardless of the duration or specific content of the conversation, there are a few culturally significant events that are occurring. The question “is this your first” serves to establish whether the pregnant woman is in fact a new initiate or is already a member of the culture of motherhood. The answers to “when are you due” or “how far along are you” mark a woman’s progress in her journey and her distance from the massive rite of passage, the birth. They also help to identify, for those who have already been through the journey, some of the bodily and social events a woman is likely to be experiencing, and might be glad to share or receive advice on.

The question “are you hoping for a boy or a girl” might simply open the door to the passing along of anecdotal information about the challenges and joys of boys or girls. The very common answer “I don’t care as long as it is healthy,” can identify the answerer as a person without gender biases and whose top priority is the culturally approved desire for the health and well-being of her offspring. But there is no real right or wrong answer to this question, although certainly some questioners might disagree. In Canadian culture “I hope for a boy,” “I hope for a girl,” and “I don’t mind as long as it is healthy,” are all, in general, acceptable answers and each signifies that a woman has put thought into her baby and what she hopes and plans for it. This might, in fact, be a "freebie" question given to pregnant women to allow them to establish that they are already good mothers who are planning for the future for their children.

There is a rather elaborate system of advice-giving and respect-showing (regardless of how tokenistic this might sometimes be) among mothers, so it is essential for participants in the conversation to be able to situate each other in terms of the extent of their mothering experiences. It would generally be seen as insulting, for example, for a woman to offer advice to another woman who is further along in the process, either in her pregnancy or in her mothering experiences. There is, however, a great deal of advice, solicited or otherwise, given by mothers to women who are behind them in the process. Jill Hobart's experiences were not unusual: "because I was pregnant, people on the street, strangers that I had no idea who they were, they wanted to tell me about their pregnancies and tell me about how to raise kids."

Certainly, the passing along of advice can ease the journey of the newer member, and might even enable her to anticipate and avoid difficulties. There is such a massive amount of advice given, however, that it can be very difficult for the new mother to know which is the advice to follow. Many of the women who spoke with me weeded out some of the advice they received by favouring the accounts of younger women over those of women of their mothers' ages or older, the advice of friends and family over that of strangers, and solicited advice over unsolicited.

Many of the participants sought out specific advice when they were pregnant but this was almost never from strangers. Although many women said that it was extremely valuable to them to have contact with other mothers and pregnant women during pregnancy, and a few found the advice and stories of strangers very valuable, most turned to friends, family members, care providers such as doctors or midwives, or to self-help books when they had specific questions. Sisters, sisters-in-law, mothers and mothers-in-law became key resource people. Shira Mencken described the not uncommon effect of her pregnancy on her relationship with her sister-in-law:

> It's made us closer. That's one relationship that has gotten closer because I could never really relate to my sister-in-law before and I can now. Um, she was always talking, I mean her whole life were her kids, she didn't, I worked, I had a huge group of friends, I always went out, she was home with two boys and that was it. And I couldn't relate. I wasn't there and I didn't want to be and she talked about her boys all the time and I was not the best auntie in the world so I was disinterested. But now she's just, she's just, she was probably out of everyone the most excited when I told her I was pregnant. The most excited when it was a girl, the most excited for us and she's um, she, I call her now if I have questions, she, I borrow stuff and you know it, it has made us closer so that's been nice. And I do ask her because she has gone through it more recently than the moms [Shira's mother and mother-in-law.]

There is a type of ceremonial respect paid to strangers who offer advice; no participant told of telling the unknown deliverers of unsolicited advice that she was not interested in what was being said, although plenty admitted that they found such continual advice-receiving irritating. Sometimes, in fact, the advice-giver is asked what might be seen as a token question, such as what type of diaper she uses (if the conversation is about diapers) or how she has handled a particular situation under discussion. In such instances it is the act of asking, of deferring to the authority of the more experienced mother, an act which both establishes the authority of the senior mother and indicates the willingness of the newcomer to enter into maternal discourse, that is of far greater significance than the incidental exchange of mothering minutia that also occurs.

The offering, receiving and requesting of advice is an intricate component of establishing expertise and lines of authority among cultural groups. This is not to suggest that there is no real value to the information being shared; the information can be of great practical value. Participating in advice-giving and advice-receiving rituals, however, helps to establish cultural identities in terms of authority and in terms of being the sort of person who can recognize the rules and signal her willingness to comply with them.

In the mothers' club, experience is what counts. Certainly, the majority of the women who spoke with me accepted the authority of the medical establishment and of the medical model of birth, accepting both their doctor's superior knowledge and assuming that hospital was the safest place to give birth (Root and Browner 2001). Women critical of the medicalisation of pregnancy and birth, who chose midwives or doulas and alternative birth locations, also believed in the authority and wisdom of their care providers. In the latter case, however, the wisdom was seen to come from experience, usually as a mother but sometimes simply from attending many births. In terms of seeking advice from family, friends, books or other sources, there was a distinct preference for women with experience. No woman spoke of asking for information or advice about pregnancy or mothering from a non-mother or from someone behind her in the process. Yvonne Estrup expressed a common sentiment:

> you talk to, you know, with someone that's, you know, gone through the same thing as you. Um, and then once you've had the baby then, I mean it's different getting advice about raising children from someone that has never

> had a child than from someone, you know, you'll take the advice of someone that has gone through it over somebody that just read it in books or studied it.

Likewise, although pregnant women do get asked for information and advice about pregnancy, it is always from women who are behind them in the process. Jennika Kovacs explained:

> if you're pregnant and you're about at the same stage then you might ask "do you feel this or did you feel this or did you feel that?" But mostly it is yeah, if, if you're ahead of someone than they'll tend to ask your advice. Yeah, generally that's the way cause then you can already have some insight into what it was like.

I want to pause here and draw out some of the cultural themes underscored by these sorts of conversations between mothers. We have seen that lines of authority become established and rules of interaction, respect and deference are learned and exercised. What is implied in these interactions, and in the preference for, and deference to, the voice of experience is that there is a body of knowledge possessed only by mothers and that it is a chronologically expanding body of knowledge. It is not necessarily infinitely expanding, however, because a few women reported viewing the advice and information of the older generations (their mothers' ages and older) as being, for the most part, outdated. Shira Mencken, for example, said:

> my mother's generation they were always giving me advice, they always had something that I'd never [heard]. I really respected the opinions of people sort of my age, ones that had just been through it, but somehow the older ones they just seemed off in left field and I'm trying to remember some of the crazy things that they would say to me. You know maybe I shouldn't be flying and, you know, I took a trip, and old wives tales they were always into, . . . so I never really listened to them too much. I can't remember some of the other weird stuff I got.

Maternal knowledge is being established and reified in the interactions between mothers. A sense of collective identity is also being established. We will see in chapter five that this identity is by no means passively accepted by women entering the culture of motherhood. In the most general sense, however, the sorts of conversations that pregnant women have with other pregnant women and other mothers do establish that the interactants share a significant characteristic and that they are members of the same large group.

An essential component of any cultural group is a shared language. Mothers, of course, do not speak a unique language and they are as limited as anyone by linguistic differences between larger cultural groups, but mothers do occupy a unique discursive community. Although the shared discourse is, by necessity, restricted within linguistic boundaries, the discursive content transcends those boundaries. Thus participants in my sample who were bilingual or multilingual, reported that they had similar maternal conversations with members of all their linguistic groups, whether the other members were in Canada or had to be visited or contacted elsewhere. For example, Isabella Morelli, who lives part of the year in Canada and part of the year in Italy, reported that the conversations she had with mothers in Italy are the same as the conversations she had with mothers in Canada. All the Ghanaian participants also reported that they discussed similar mothering topics with their friends and family in Ghana to those they discussed with friends and family, Ghanaian or not, in Canada.[2] One of the ubiquitous, and perhaps most significant, components of maternal discourse through pregnancy and early motherhood is the birth story.

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[2] We must bear in mind, of course, that the social elaborations of birth and motherhood vary across cultural groups and thus not all groups discuss the exact same topics. All

Birth and Labour Stories

Birth and labour stories are exchanged during a relatively short portion of one's membership in the culture of motherhood but they are of tremendous importance. Generally, it takes the presence of a pregnant woman or a new mother to trigger the telling of labour and birth stories. Pregnant women start hearing the birth stories of other mothers very early in pregnancy, and once they have given birth they are expected to share their own stories. I asked the women who spoke with me how long after birth the exchange of birth stories continues and estimates ranged from six months to about two years. Eventually, mothers who have been mothering for more than a couple of years when they meet would not, simply as a matter of course, share their birth and labour stories. The presence of a pregnant woman or new mother, however, can bring forth labour and birth stories from any mother, including those who gave birth many decades previously. Older women also seem to have earned the privilege of telling the birth stories of their daughters and daughters-in-law (or even granddaughters) if those younger women are not themselves part of the conversation. Later in this chapter I will examine the participation of new mothers in the mutual exchange of birth stories. At this point I want

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mothers might discuss the details of birth, for example, but the details vary cross-culturally. In this regard, a Ghanaian-Canadian woman from a village in Ghana where non-medicated home birth is the norm might not be able to meaningfully discuss with her Ghanaian family having an epidural in a hospital whereas she could discuss this with her friends and family in Canada.

to focus on pregnant women's experiences of hearing the labour and birth stories of women who are already mothers.

Some of the women who spoke with me were surprised that they were hearing the labour and birth stories of other women, including strangers. Several had not previously known that such stories are exchanged and although they were not shocked at hearing the stories of close friends and relatives, many had to learn that strangers also exchange these stories. Many women sought out the labour and birth stories of friends and relatives so that they might have some sense of what to expect. A woman's own birth mother, if the woman has a relationship with her, can be particularly valuable in this regard. There is a common notion that one can gain insight into what one's birth experiences will be by learning about one's mother's experiences, because, supposedly, one will be more like one's mother than like anyone else. While women were interested in the physical details of their own mothers' labours, such as length of labour, strength of contractions, or extent of tearing, they often rejected hearing the more social aspects of their mothers' birth-giving experiences. These would include whether pain medication was taken during labour, how long the mother was in the hospital and the mother's decision regarding breast feeding; in terms of these latter details, one's mother can be seen as out of date.

Of greater value in these regards are friends, family members and even strangers who have given birth relatively recently, which I would estimate to be within about the past decade, with a preference for those who have given birth within five years. Women tended to report that the birth stories they sought out were of value to them, even if they sometimes contained frightening accounts of pain or of births that became terrible ordeals. Blaire Hanks said:

> I like to hear them. Some of them are a little bit scary, some of them are like nice little fairy tales but, you know, I like to hear them because it just reminds me that I'm not in charge and the best I can do is just stay in tune with the day and just move through the day and quite enjoy it which I am, enjoying the day.

Jennika Kovacs had a similar perspective:

> It was neat to hear different stories because there is such a wide range of . . . some people thought it was the best thing in the world and some people had a negative experience. It prepared me mentally for it being potentially the best experience in my life and potentially the worst experience in my life. I felt like I was seeing the spectrum. I was just expecting it to be great but it made me realize that those women probably were too.

Shira Mencken said that she was

> very interested. I needed to know details and I wanted to know everything particularly about the birth. I wanted to know how they knew they were in labour, when they went to the hospital, how it felt, what did the drugs feel like, what didn't the drugs feel like. I wanted to know everything.

The unsolicited birth stories of others can sometimes take getting used to. Many women were amazed at the gruesomeness of most of the stories; it seemed that all they were hearing were the horror stories of birth. Some felt that this actually represented the kindness of other mothers who were trying to help them prepare for what lay ahead. Others interpreted these stories as sadistic attempts to frighten them. Some were not sure what to make of such stories. Doreen Franklin told me "I like them. I thought they were interesting. You hear it non-stop. Everybody tells you their stories. They didn't disturb me cause I'm not superstitious at all. If someone told me only horror stories, it wouldn't have rubbed off on me. I would have thought, oh that's interesting." Jill Hobart described her reaction to horror stories:

> laughter but this time probably more nervous laughter than anything um. Laughter at how funny people are in knowing that you're going to go through this experience and that, you know, something that is ahead of you but they have no fear in telling you what bad things could possibly happen and almost laughing at their ignorance, thinking "you know how can you be saying this to me?" Um, and then laughing at people who had not had babies but you know really wanted to tell me what their friends had experienced so those ones I thought were quite funny too. "Did you hear about this lady who?" and I'd be like "Pardon me?"

Only a couple of women reported that they were not hearing many horror stories and they interpreted this as a desire, on the part of other mothers, to protect them from the knowledge of all the travails that might be around the corner. Jennika Kovacs, for example, said

> my sister-in-law didn't say 'oh my God it's going to be so bad you won't make it through.' She was really positive about it. She said 'sure it's painful but I'm not going to go into the details of it' but you know, 'my labour was this and this but I heard of other people where it was like this you know so it might go a different way.' It's just kind of nice to hear all aspects and different stories and you can kind of figure out, you know, don't dread one thing over another but anything can happen.

Lynn Krale said that she "liked to hear worst-case scenarios . . . a lot of people stop, 'oh I don't want to tell you that, that might upset you,' but 'no, no, tell me, tell me, I want to know what could be happening here.' I'm one of those people that's just 'give me all the gory details, I'll deal with it'."

In the sharing of birth stories, some central cultural values are conveyed to the incoming members. First is both the likelihood and the value of pain and suffering in the transition to motherhood. The agonizing details of the birth stories attest to this. Further, the use of pain-killing medication is generally eschewed. Women who have had epidurals certainly speak of their experiences but generally do so defensively. They explain that the pain was unbearable, that the labour was too long, that their doctor insisted on the epidural, that they had to be induced (which is accepted as being more painful than a spontaneous labour), or that they had experienced "back labour" (also widely accepted as considerably more painful than the regular "front" labour). Anne Isely told me "when I hear women talk about having an epidural, it's always a little bit like, 'well I had to have one.'" All provide evidence that they did, in fact, suffer, or truly desire to do so, before they "gave in" and had the epidural. Certainly some women reassure pregnant women that if they think they need an epidural, they should not feel guilty for doing so but the implications are clear. Jennika Kovacs told me about one of her customers in the maternity shop in which Jennika was employed during her pregnancy:

> I remember this one girl coming in and she said, you know, . . . "don't feel badly about asking for an epidural if, when you really need it, because you know it really makes your life a lot easier and don't be ashamed of it" or something. And at that time I thought "oh I won't need it" but in the end it ended up that I had to have a c-section anyways so and, and my contractions were, were really, I was in labour for a long time so you know I didn't feel so bad about it.

The ways that mothers tell their birth stories to pregnant women leave no doubt about the ambivalence surrounding the use of epidurals and other painkillers; women struggle with this knowledge when their time comes to give birth and they know, well before-hand, how they will have to present their own birth stories.

Like the offering and soliciting of advice, the offering and soliciting of birth stories helps to establish everyone's position relative to, and within, the culture of motherhood. Hierarchies of experience are established, cultural values are conveyed and new members are socialized into the discourse. Women are, at least symbolically, prepared for the ordeal that lies ahead by the more senior members who are welcoming them to the club. The fact that many of the women who spoke with me claimed that they were completely unprepared for the severity of pain they experienced when giving birth, despite what they had been told by other mothers, might indicate that the talk of pain serves more of a symbolic than a preparative purpose.

Babies and Babies' Things

Expectant mothers signal their motherhood status by telling others or by their displays of clothing or body shape. New mothers are able to signal their status by the presence of the baby or, in the absence of the baby, with the possession of baby and/or mothering "stuff." Baby stuff can include toys, diapers, formula, clothing or other baby supplies that one has or is purchasing. It can also include the presence of an infant seat in the vehicle. Mothering stuff includes clothing that is clearly designed for nursing mothers (such as shirts with removable front panels) or the ubiquitous diaper bag. Other mothers respond to these symbols in similar ways to how they responded to visibly pregnant women, although the actual questions asked to start the conversation might be different.

The presence of the baby is a great conversation starter, even with non-mothering women, men and children. One can always interact with the baby, and only indirectly interact with the mother, or one can open a conversation with the mother by commenting upon, or asking about, the baby. A woman with a baby is read as the mother, unless there is something discordant in her presentation of self that might cast doubt on that reading.

For example, some of the participants who were over 40, and especially the one who was over 50, when they first became mothers, were not always simply assumed to be the babies' mothers; people left room for the possibility that they were grandmothers. But generally, a young woman, especially one wearing a wedding band, out in the world with a baby, especially one who shares her skin colour, is assumed to be that child's mother. Other parents in general, and other mothers in particular, are likely to strike up conversations with her that are grounded in the assumption that she is the mother. If she is a paid caregiver, a friend, or family-member out with the child, she must disclose this fact quickly so as not to be seen as perpetrating what would be considered the bizarre fraud of passing herself off as a mother and trying to enter the discourse under false pretenses.

Some of the questions that are asked of the mother-with-baby also serve to establish whether she is really a mother and how she came to claim that status. To this end, complete strangers might ask about the labour, how long it was, how painful, whether pain medications were taken, where the birth took place, if the woman tore or had an episiotomy or if the mother is breastfeeding. These are some of the central components of the birth story and these questions can thus easily lead into an exchange of birth stories. As I will elaborate later in the chapter, non-gestational mothers can be at a severe disadvantage in these types of conversations.

Women reported that going out with their babies almost always resulted in conversational overtures by other mothers, and, often, in their own comfort with making such overtures to other mothers. Anne Isely told me:

I can tell in the mall, when I'm with Brent, who's a mom. By the way that

> they look at Brent. The ones who don't have babies, they say (vibrating lips noise) . . . . When [mothers] look at him, they smile. Maybe I'm not always right but like more of them I'm pretty sure that the ones that give him that special look of . . . or give me a special look like, you know, "I understand" or "that's nice." I think that's the way they tell you they're a mom too. I do it when I'm out. Where I comment or make a comment to the mom, like "what a beautiful child" or "what a nice boy."

Kate Thompson described her experiences:

> Um, often we get into little tiny conversations with people who'll say just little comments about your children, you know standing in line at Safeway. "Gee he doesn't look anything like you, he must look a lot like his dad." Like what a weird thing to say, but like, ok,. . . I've never talked to a person in a Safeway line in my whole life until I had a baby and now it happens all the time, almost every time.

Women who had just gone through pregnancy and experienced the types of attention paid to pregnant women, and who had gone out with their new babies and entered into conversations as new mothers, were often disoriented when they went out without with the new baby, especially the first few times. There was now nothing to mark the tremendous shift that had occurred for them, both in their social status and in their sense of who they were. Yvonne Estrup, like many mothers, struggled with this:

> my mom and I would go to the store or something and I felt so different, like I don't know, just knowing that she (the baby) was at home and I was just like "I'm a mom" and I almost wished she was there cause you know it's, like, people don't know I'm a mom but I am one, you know it's just, I don't know, I felt different right from the beginning I think.

Anne Isely told me "I have so much pride being a mother that I love that he's with me and everyone knows he's my son. I loved being pregnant because everyone could see that I had a baby inside of me. So when I'm out without him it's kind of like I lose identity. I'm there and it's like, I'm just a normal person."

Some mothers thus reported that they used other means to signify to strangers that they were in fact mothers. If they were shopping, this was easy to do with the baby items they were purchasing. Some used the diaper bag as their purse, even when the baby was not present. A couple reported that they, like many new mothers, had keychain pictures of their new babies, the significance of which they were sure would be recognized by other mothers.

Conversations with stranger-mothers, which might once have been approached with wariness, tend now to be more welcomed, even sought out. Many of the basic conversational rules have been learned and many new mothers report great appreciation for opportunities to share experiences, insights and questions with other women who can intimately relate to what is being shared.

Rituals and Ordeals[3]

Having examined components of the shared symbol system characterising the culture of motherhood that are particularly relevant during the period of entry into the culture, let us now turn our attention to some of the rituals and rites of passage that mark this journey. It is customary in human society that shifts in status are marked by celebrations and rites of passage. These events can be largely symbolic or they can involve real pain, suffering and challenge. When these are components of the entry into a new cultural space, we can expect to see quite elaborate rituals and expectations of surviving ordeals. Coming out the other side of an ordeal, be it an aboriginal vision quest, a tribal scarification, or a fraternity hazing, represents the changes, both real and symbolic, that the person has undergone.

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[3] By "ritual" I mean a practice, event or ceremony that marks a shift in status or that marks as significant an event or date. When it is marking a shift in status, it is a rite of passage. An "ordeal", by which I refer to some sort of physical, emotional or mental challenge, is a fairly common actual or symbolic component of rites of passage (Bettelheim 1954; Morinis 1985; Turner 1969).

Classes and Showers

For the first-time mother, attending prenatal classes and being the guest of honour at baby showers are some of the most visibly ritualistic behaviours in which she will engage. Almost all the mothers who spoke with me attended prenatal classes, whether they were administered by medical professionals or by midwives. Only a couple of women felt that they had access to all the information they needed, through books and discussions with their caregivers, to prepare for the birth. The practical value of prenatal classes is that a woman is, ideally, prepared for the experience of giving birth. She will learn about self-care in the latter part of her pregnancy and about preparing her body for giving birth. She will be told her various options regarding the birth and the consequences of the choices she might make. Many women are advised to write up birth plans so that they have a clear statement of their wishes, which can be shared with care providers, if things get unclear or chaotic during the birth. Women are advised on ways to manage the pain of labour and instructed in the stages of labour so that they can identify where they are in the process. Partners are instructed in the ways in which they can help their partners through this process. The specifics of the information, and the options that are favoured, will vary somewhat depending on whether it comes from medical professionals or from midwives and doulas[4], but the basic purpose is the same: to prepare the woman (and her partner if she has one) for the birth.

Attendance at prenatal classes signifies that the woman is somebody who wants to prepare in recognized ways for birth. There can be some alarm, among mothers and medical practitioners, about women who decline to attend. Midwives are less likely to express such alarm and more likely to see giving birth as something that is natural for a woman's body to do; the midwife's concern is less with instructing the woman about how to *do* birth and more with ensuring that the woman has the opportunity to give birth in the ways that are truest to her own needs, desires and physical capabilities. In this sense, the very existence of prenatal classes implies and signifies that something alien, something outside of ordinary existence, something that requires a great deal of training and preparation, is about to take place.

Although it does not have to be cast as a medical emergency, or even as a medically significant event, first birth is indeed a massive, and unique, event in the life of the woman who experiences it. Her attendance at prenatal classes allows her to engage in ritualistic behaviours that the larger culture recognizes as preparation for birth and motherhood. She also comes into contact with other expectant mothers and, although many women reported relatively little time for socializing in prenatal classes (especially medicalised ones), a sense of shared identity can be established, and sometimes new friendships are forged. Naomi Wolf (2001:1) shares the following African proverb: "Being pregnant and giving birth are like crossing a narrow bridge. People can accompany you to the bridge. They can greet you on the other side. But you walk that bridge alone." Perhaps participation in prenatal class offers women the comforting knowledge that other women will be crossing their own bridges very close by.

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[4] None of the women who spoke with me reported going to other kinds of prenatal classes, such as Lamaze classes.

One of the most taken-for-granted rituals of pregnancy and early motherhood is the baby shower. Several women actually reported having more than one baby shower. Some had one at work, or with coworkers, and another with closer friends and family. Some had one with friends and another with family, or one with each side of the family, or one in the city they lived and another in the city where their parents or in-laws were. One of the basic rules of the shower, however, is that a woman does not arrange and host it herself, even if it happens in her home. Some representative of the mother orchestrates the event, and often the charade is enacted that the event is a surprise. I refer to this as a charade not because a woman might not actually be surprised by the time and place of the shower but because the shower itself would appear to be virtually inevitable.

Showers can happen at any time during pregnancy and early motherhood but they usually are held in the last trimester of pregnancy or during the first couple of months of motherhood. They are thus situated chronologically very close to the birth and almost definitely, for pregnant women, when the largest risk of miscarriage is past. This can be explained as consideration for the pain a woman might feel if she miscarried after a shower and was surrounded by baby things and the evidence of such happiness. At the same time, showers represent a significant entrance ritual into the culture of motherhood, and it would make sense if the initiates are, in effect, screened as to whether they are likely to go on and successfully enter the culture to which they are being welcomed.

The baby shower is, in some ways, a concentrated microcosm of the types of interactions the pregnant woman or new mother has been having with other mothers. Some women reported that their male partners or other male family members were present at the site of a shower, but often they were not actively involved. Although some women expressed comfort with the idea of co-ed baby showers for the new parents (if the parents are a heterosexual couple), most baby showers are strikingly a woman-only zone. Not all the guests are mothers; certainly non-pregnant and non-mothering friends and family share in the festivities, but the event is about becoming and being a mother and so other mothers occupy a central place. The exchanges of advice and rounds of birth stories that have happened in other locations, are prevalent here. The initiate is thus discursively constructed as someone to whom wisdom is appropriately passed and whose impending or recent entrance into the culture is to be celebrated.

Showers also involve food, often in the form of a potluck, and so the ritualistic sharing of nurturance, represented by the food, can also be seen. Since the guest of honour has not provided the food, we can read this event as her important women friends and family coming together, not merely to feast in celebration with her but also to feed her in symbolic preparation of the challenges ahead, whether these be the challenges of birth or of early motherhood.

Perhaps the most significant event at the baby shower is the giving of gifts to the pregnant woman or new mother. Since anthropologist Mauss (1954) pioneered the area of inquiry, there has been considerable research into the social structure and cultural conventions surrounding gift-giving. Mauss saw gift-giving as a form of social contract under which giving, receiving and reciprocating are all obligatory behaviours. In the case of baby showers, we can easily see that the guests are obliged to bring gifts and that the guest of honour must accept them, or appear to, if she does not want to risk offending the giver and unsettling the whole event. Once the event is over, she has greater freedom to return the gift to the store or exchange it (if it was store-bought), perhaps with the giver never knowing.

The obligation of reciprocity is not as clear here. As Shurmer (1971) has pointed out, there are some events or conditions that obviate the need for reciprocity in gift-giving. The ceremonial nature of the shower and the condition of the recipient as pregnant or newly mothering provide such cases. This does not mean that the recipient is exempt from all reciprocal obligations, simply that she is not expected to give back gifts to the guests of this party. She *is* expected to give her gratitude and her attention to these guests; she is expected to give gifts to *other* pregnant women and new mothers at their showers (and we can fairly safely expect that some of the guests at this party have been or will be the guests of honour at their own baby showers); Furthermore, if we define "gift" broadly to include all items and services of exchange, then we can see that at the shower the gift might take a tangible material form but that the recipient of this gift is still expected to enter into the mutual exchange of advice, birth stories, support and assistance with the guests and with the larger community of mothers.

The giving of gifts at a baby shower thus represents the system of reciprocal obligations and dependencies that exist between mothers (as per Sherry Jr. 1983). This is a vital component of establishing a sense of group identity. Schwartz (1967:11) has argued that "gift exchange influences group boundaries by clarifying them; and the more group boundaries are defined, the greater the favorability of intragroup over extragroup exchange." Such exchanges thus not only help to clarify the boundaries of the group, they also bond the members to each other. In addition, not only are the gift-givers able to express their feelings of connection to the new mother, the giving of baby-related gifts provides them with a way of being involved with the new baby.

The gift then becomes the symbol of welcome into the culture of motherhood and the material symbol, also, that the senior members, and those who are not members but who support the new member's mothering endeavours, have something of value to offer the initiate. The gift simultaneously represents and embodies value; the symbolic, and real, transfer of wealth that the gift-giving encapsulates, denotes the importance both of the event being celebrated (the birth) and of the woman who will be performing it.

It is Schwartz's (1967:2) contention that "[t]he gift imposes an identity upon the giver as well as the receiver." The gifts given at a baby shower represent the authority of the giver, in the sense of knowing what the receiver needs or will need as she progresses through pregnancy and early motherhood. In this sense, what is being symbolized is the entrance of the new member into a shared community of value; the gifts are designated as items that *matter*. Using them will also matter and such use is expected to happen in particular ways. The gifts thus convey a prescription of the items the new mother should use and the ways in which she should use them (Csikszentmihalyi and Rochberg-Halton

1981; Sherry, Jr. 1983). For example, the giving of a baby monitor, an almost universal acquisition of the women with whom I spoke, conveys the importance of constant surveillance over the new, frighteningly fragile, life. The giving of a breast-pump carries with it the expectation that the new mother will breast-feed.

Like other gifts given at ceremonial occasions that mark a shift in status, such as a wedding shower or even a wedding, the gifts are *for* the recipient but only in the capacity of the performance of the new role. Schwartz (1967:3) argues:

> gift-giving plays a role in status maintenance and locomotion. This is illustrated best in the 'rite of passage' which gifts normally accompany. In such instances, they not only serve the recipient . . . as tools with which to betray more easily his or her former self but symbolize as well the social support necessary for such a betrayal.

Thus a pregnant woman might receive gifts intended for her own personal use and enjoyment, such as aromatherapy oils, body lotion, anti-stretch mark cream or a gift certificate for a massage or to a maternity-wear store. Each addresses her primarily, if not solely, as a pregnant woman. This is not a gift-giving occasion when her other interests and desires are likely to be catered to. She will probably not, for example, receive the new book by her favourite author or the new wallet on which she has had her eye. Likewise, many of the gifts are for her *use* but only in her job as mother; she might receive, for example, a baby monitor, but is unlikely to receive a new coffee pot.

There is also a set of gifts that she will receive, unlike gifts received by other people on other occasions, that are of great symbolic significance. These are the gifts that are not really for her or for her use at all; they are gifts for the baby. That it is the new mother who receives the clothing, toys and stuffed animals on behalf of the baby symbolizes that she is now the executor of the baby's own wealth. Mothers are far more likely than fathers to be the recipient of gifts intended for their children. And this is not merely a solution to the practical problem that the baby might not yet exist to receive its own gifts or that, even if it does exist, it is unable as yet to enact the role of gift-receiver. Certainly, the new mother must enact that role on her baby's behalf, opening the gifts and expressing delight and gratitude. But she is not merely the executor; these gifts were given *to her*. They arrive in packages with her name on them (although after the baby is born they might be addressed to the baby). The act of delightedly accepting gifts on behalf of someone else, at a party in *her* honour, symbolizes her own disappearance as a non-mother. The woman she has been is shrinking and is being replaced by somebody who is concerned more about the child, its care and happiness, than about her own material acquisition and enjoyment.

This goes beyond the mere betrayal of the former role that Schwartz speaks of above. If, during pregnancy, we witness the sacralization of the pregnant body in preparation of the initiation ritual, giving birth, then here we are witnessing the concomitant obverse. We might call this profanization. The woman she has been, her own interests, hungers and desires must now be made secondary to the primacy of the baby and to the demands of mothering. The "good mother," by mainstream cultural constructions, is enamoured of her new baby. She is willing to sacrifice all, including her life, for its happiness and well-being. Her previous self-serving self becomes positively profane in this context. By participating in an event in which she happily and graciously accepts gifts for her use only as a pregnant woman or as a mother, or gifts that are for the baby, she symbolizes her acceptance of the profanization of the non-mothering woman she has been.

The Birth

Birth is the quintessential rite of passage. For the child being born, birth is, of course, the formal entrance into human society (even though the foetus has been a social entity since the first knowledge of its conception). For the woman birthing, the passages are multiple: she might be seen to now be an adult; she might, in many Western countries at least, be seen to be fully entering, and submitting to, a technologised realm of meaning wherein birth is primarily a medicalised event (as per Davis-Floyd, 1992); she certainly, if this is her first birth, crosses the threshold from girl or woman to mother. Since to be a mother is to occupy the social/cultural space shared with other mothers, she also simultaneously enters the culture of motherhood as she becomes a mother. The rituals surrounding birth might not (at least in present-day Canada) be primarily created by other mothers for the purpose of inducting new members into the culture of motherhood, but those rituals nonetheless constitute important markers of a woman's entrée into the culture (again, leaving non-gestational mothers at a disadvantage).

Birth is *like* other rites of passage in that (as per Van Gennep, 1909) it is a socially determined and created event that exists around an observable physiological process. Parturition is a discrete physiological event that becomes enacted and performed as a sociocultural event. Van Gennep (1909) argues that rites of passage fulfill the social purpose of orienting people away from old roles and toward new roles. To this end, he claims, rites of passage have three distinct phases or components. The first is "separation" during which the initiate is physically, socially, and/or symbolically removed from her previous life, activities or associates. We have seen that pregnancy sets a woman apart from her previous life and patterns of interaction. The period of time during which she is birthing, traditionally called her *confinement*, makes this separation complete. Whether a Canadian woman gives birth at home, in hospital or at a birthing centre, birth is seen as an intensely private event, attended by a small group of specifically chosen intimate others and experts. Van Gennep's second stage is "transition," later referred to by Turner (1969) as "liminality." This is the time of crossing over, wherein the actual ordeal, if there is one, is endured. In the final stage, "reincorporation," the individual rejoins society in her new capacity or role. Van Gennep did not base his classification scheme explicitly on pregnancy and birth, but he could have.

Birth is *unlike* other rites of passage in that it is the archetype that many other rites of passage try to emulate (e.g. Adams 1993; Bettelheim 1954; Morinis 1985; Turner 1969). In many other rites of passage one becomes, metaphorically, either the infant being born or the mother giving birth. Real women actually giving birth are then, at some level, irreducible; they both *are*, and represent, the foundation of human existence, the passage from non-being into being, and thus also the requirement of the eventual passage from being into non-being. A woman giving birth simultaneously delivers life and a death sentence to the new human. These are the powers of gods, so it is little wonder that this process should be so widely emulated.[5]

The expulsion, or removal, of a foetus from a uterus is concurrently the one necessary event that must happen for birth to take place and only one small part of what the social event of birth is about. The human/mammalian uterus will expel a foetus, or try to, when the right time comes (not infallibly but nothing in nature is infallible). There is no physiological need for birth to take place in a certain location, or with particular attendants, or with any attendant at all. (Merrett-Balkos (1998), for example, documents the traditional requirement that Anganen women in Papua, New Guinea give birth in isolation.) There is no one correct position in which to give birth or any one series of sounds, or requirement of silence, that is mandated by the physiological process. There is no natural or obvious thing that must be done with the placenta and umbilical cord (Davidson 1985; Long 1963; Passariello 1994). There is no universal way of treating, feeding, or interacting with the parturient woman and her body and there is no physiologically necessary, or universal, way of feeding, nurturing, clothing and interacting with the new baby. All of these dimensions of birth, which often seem obvious, natural and necessary in the particular forms in which they manifest to the people of a particular cultural group, are sociocultural creations.

Similarly, there is nothing in the uterus's act of expelling a foetus that physiologically transforms a woman into a different person or different *type* of person.

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[5] This also goes a long way toward explaining why the confinement and control of women's reproductive powers are cornerstones of patriarchy. Perhaps, also, virulent misogyny represents attempts to diffuse this power perceived to be embodied in, and represented by, all women.

Certainly there are hormonal shifts and fluctuations throughout pregnancy and nursing that are common, in their broad parameters, across all gestational and nursing mothers, but these do not produce universal, or predictable, changes in women's behaviours, personalities or temperaments. The apparently instinctual mothering behaviour that we witness in other animal species is not obvious in humans. Instead we have cultural mythologies about maternal instinct, with the specific formulations varying across cultural groups, through history. We have cultural expectations that women who give birth, or who engage in other types of mothering behaviour, are "maternal." It is the social event of birth, not the physiological process, that transforms the pregnant woman into the mother.

I agree with Davis-Floyd (1992) in her assertion that birth is the rite of passage through which women become mothering members of the larger culture, learning to enact pregnancy, birth and motherhood as these are conceptualized in that larger culture. But women are not mindless dupes of culture and so do not make these transitions in passive ways. Individually, and in cooperation with other mothers, women negotiate the cultural meanings of motherhood, attempting to reconcile cultural models with their own senses of self, (even if these senses of self are also, ultimately, derived from, and enacted within, the culture). The culture of motherhood, as the cultural space occupied by mothers, both conveys the larger cultural values, policing their application, and provides spaces and opportunities for individual and group examination, negotiation, and even rejection of those values. The culture of motherhood is thus simultaneously a microcosm of the larger culture and something set apart from the larger culture. Although it is only one group into which new mothers emerge from the ritual of birth, it is a significant one. Most other mothers are not, of course, present at the birth of any one mother. The shift in status must thus be conveyed and witnessed in indirect ways. We saw above that women can use various non-verbal means to convey their motherhood status but, in general, women's positions within the culture of motherhood are established discursively; mothers talk to each other.

Mother Tongues: The Discursive Construction of Mothers

There is a wide range of topics that mothers discuss with each other and, of course, not all their discussions revolve around motherhood and children. Mothers are also workers, students and consumers, for example, and interact with each other in those capacities as well. It is not unusual, however, for mothers interacting in one context to find opportunities to also interact as mothers, and discuss mothering and children. The topics of conversation vary with the ages of the children and the interests and experiences of the participants in the conversation. I would suggest that the presence of at least one new mother in an interactional situation among mothers makes it more likely that mothering matters will be discussed. When new mothers are together, it would appear to be almost inevitable that mothering experiences will be discussed. I will examine in chapter five the topics that new mothers do and do not feel comfortable discussing with each other, and the value that new mothers place on these conversations. At this point I want to focus on a particular type of conversation that is very common among new mothers, either by itself or as a prelude to other topics; the exchange of birth stories.

Birth Stories

We saw above that pregnant women begin to hear the birth stories of other women as soon as those other women know the woman is pregnant (so the stories become more common as the pregnancy becomes more visible). The presence of a new mother also brings forth birth stories, usually preceded by questions (such as "how was the labour?") which elicit her story, or parts thereof, first. These interactions can happen between new mothers and other mothers of any age. New mothers meeting each other often offer up, or solicit, birth stories very early in their conversations (although a minority of women seem to shy away from this type of conversation). New mothers might, in fact, share their birth stories repeatedly with the same conversational partners, like the stories are jewels being turned over and over in close examination.

If a behaviour is this prevalent we might assume that it is of some value to the people engaging in it. We might also assume that it is of value to the cultural group. Let us examine each of these possibilities.

Many of the women who spoke with me reported that they enjoyed the exchange of birth stories with other mothers, especially with other new mothers. When I asked what they got out of these exchanges, or why they valued them, several themes emerged in their answers. For some women, hearing the birth stories of other women offers the reassurance that their own experiences were within the realm of the ordinary and that they were, importantly, comprehensible. Jennika Kovacs explained this well:

> I guess just sharing [birth stories], that kind of eases your feeling towards things and, and just reassures that everything, that it's all a natural process and we're all the same you know, we all go through similar things, that you

> don't have to be embarrassed about things anymore. So it just kind of, you're more open minded to things like that afterwards.

Giving birth is a unique and profound experience and many women believe that only another woman who has gone through the experience can understand the significance of the physical ordeal, the social consequences of the transition to "mother," and the intensity with which one can love the baby born of one's body. Thus, it is not merely hearing other women's stories, but sharing one's own, and having it responded to in affirming ways, that can offer validation and reassurance to a new mother. Traci Samuels was very succinct about this: "it's just, it's something that until you, until it's happened, then nobody else in the world can possibly understand, you know. And it's such a momentous event."

If birth is a bridge that each parturient woman must cross alone, then the sharing of birth stories allows her to relive the event, this time taking companions with her. She is able to share with them the significant moments in her journey and learn whether other women, on their own bridges, noted the same landmarks. Sometimes, in hearing another woman's story, a woman might cast her own story in a new light, or apprehend dimensions of it which she had previously overlooked. As Jennika Kovacs explained:

> I was kind of comparing myself to other mothers in how much I was looking at the positive side of my labour. Like how, well for these things it was easier to have a c-section because I didn't feel as much, I didn't feel as much pain and all this kind of stuff. So I was kind of comparing myself in that sense looking at the positive side of, of my labour and trying to make myself feel better in terms of okay well my, in that sense I'm glad I had that because of this and this reason.

In the same way that women might have had pictures or video taken of the birth, or might have written the details in a baby book or personal journal, telling the story is a way of keeping the experience alive, in the present. As Erica Edwards stated,

> I think it helps to keep the story in your head and to remember the birthing experience, um, you know repetition helps to keep, um, you know, thoughts or information in your head, um, and I think it's um, ah I'm not quite sure how to explain it but that's probably the big thing for me.

This attests, in part, to the importance of memory; an event might as well not have happened, and cannot be integrated into one's sense of self, if one does not remember it. Given that a woman's birth experiences *are* integrated into her sense of self, the birth story, which might seem to be the story of how the baby came into existence, is actually the story of how the mother came into existence.

Some of the accounts that women offered of the value of exchanging birth stories seem to attest to both a personal and a cultural value simultaneously. By establishing common grounds with other mothers, women are able to feel bonded to other mothers.[6] In Canadian culture where the daily work of motherhood generally remains rather isolated, this sense of a bond with similar others can be a personal lifeline. It also serves the cohesiveness of the overall group if members feel fundamentally similar to, and bonded with, each other. Sylvie Tremblay told me "I know what the mommies' club is in terms of labour stories. I think that I can relate in that respect. Everybody had better labour stories and when you are able to share a labour story, you feel like you kind of have arrived, you know . . . with other mothers." Johanna Niles loved these opportunities: "It's just amazing. And it feels so good, cause we do that, we share all our stories when we get together with women, and it feels so good to be able to talk about all of that. Because it is an experience. It's just, you know, everybody's got their war stories if they want to talk about them."

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[6] Cohen (1964), reflecting upon initiation rituals among young men, argues that sharing an ordeal develops a bond both between the initiates and between the initiates and older members of the new group/status. This, he says, will lead to stronger connection to, and identification with, the group one is joining than to or with previous groups.

The exchange of birth stories is both the literal exchange of something of value and the culturally meaningful signification that one has something of value to offer, generally either to one's peers or to one's juniors in the culture. The acts of telling one's own story and of listening to the stories of other women, and the ways in which these interactions occur, establish roles and relationships within the culture of motherhood. For example, it would appear that new mothers *get asked* by more senior mothers for their stories, establishing a type of hierarchy, but they are at least as likely to *offer* their stories to other new mothers, establishing and enacting the equality of these relationships.

Some women stated that they use other women's birth stories to help them determine what sort of person the other woman is and whether she might be worthy of befriending. Doreen Franklin claimed

> I think it tells you about what kind of person you're dealing with. I think it's a real good question to try and figure out, OK, what's this person like? What are they willing to sacrifice for the other person? Where was her focus? Like how do they cope in bad situations? Do they crumble? Are they weak? And it kind of tells you . . . it does tell you something. I found that the women that just went for the drugs, they hadn't had a lot of things they had to buck-up (for) in life.

Traci Samuels was more ambivalent:

> I think that different women who I've talked to, when they're talking about

> it, they do seem to be kind of feeling you out. And maybe I'm probably, I'm obviously doing the same thing "did you have drugs?" "No, Oh, did you?" "Yeah, I did." And things like that. Just trying to, I don't know, like maybe it shows stronger character. If it does. I don't really think it does.

The cultural purpose here might be determining if a woman shares core cultural values, but since the culture of motherhood is not a homogeneous group, it is often likely the case that stories, when used in this evaluative way, are used to classify women into ideological sub-groupings within the culture of motherhood (these will be discussed in chapter five).

That said, there *are* conceptualizations of motherhood, derived from the larger surrounding culture, that permeate the Canadian culture of motherhood. Although these are certainly not embraced equally or uncritically by all mothers, some central values seem to be the mother's willingness to sacrifice and, if necessary, suffer for the well-being of her child; the mother's willingness to be selfless, as opposed to selfish, in her dedication to putting the child's needs before her own; and the mother's willingness to be connected to, and interactive with, other mothers. The mere sharing of birth stories achieves this last purpose; the contents of the stories can convey the others.

Having a birth story to offer is having a ticket into the mothers' club. Women without this ticket must buy or bargain entrée by some other means. Having a birth story to share then, is a way of proving that one actually is a mother. The contents of the story can be used by other mothers to help establish what sort of mother one is. The identities that are being established and negotiated are the individual identities of the tellers and listeners of the stories, and an overall group identity. The stories that group members tell each other serve in part to delineate who "we" are and who "we" are not; the parameters of the culture are thus roughly designated by the content of the stories, the ways in which they are told and the ways in which they are responded to.

As mentioned above, one of the prevalent themes that emerged in women's accounts of their sharing of birth stories, and also in the actual birth stories which they shared with me, was the importance of demonstrating that one had suffered sufficiently in the journey to motherhood, specifically in the processes of labour and birth. The spectre haunting the periphery of the mothers' club is "the woman with 'epidural' written on (her) forehead" (Shira Mencken). This is the woman who, according to the cultural mythology, at the first twinge of labour pain goes to the hospital and demands an epidural. Anne Isely made it very clear that she was not one of these women:

> I always say that I made it through the first 8 hours without anything and then I couldn't cope anymore. It was like . . . I just want to tell them that I gave it a go. I didn't just walk in and say here I am for my epidural. It was like I was in a lot of pain for 8 hours and then I had it. I'd been there and had that pain.

Equally frightening and repellant, in the cultural mythology, is the woman who pre-arranges a caesarian-section and thus ostensibly avoids both the pain and the physical labour of birth.[7] All of the women in my sample had heard of these women, and several knew, or had known, at least one of them, but nobody admitted to being one of them.

Many women said that they experience a kind of one-upmanship in the telling of birth stories, as if there is a competition to see who endured the most gruelling ordeal.

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[7] In actual fact, women who have had caesarian sections, chosen or otherwise, report tremendous pain and several weeks of recovery time during which their capabilities are greatly reduced; c-section is not the "easy way out."

Evelyn Cairn told me of an acquaintance of hers: "this woman Tina, that's a friend of my husband's, . . . she just got annoying cause no matter what you say, everything she's been through is worse. I don't like those kind of people." Nadine Carson said of other mothers: "they would just talk about 'oh well I had to go through all this pain and all this labour and then finally after all those hours,' and those types of things. I think they were maybe bragging a little bit about, you know, 'look what I did, I was able to get through all this pain'." Anne Isely said that what counts is "who had the least drugs. I think that's the most important. If someone has had like a 6 hour labour with no drugs they're better than a 24 hour labour with an epidural." Tamara Neufeldt was confident that she was the winner:

> I think there's a hierarchy of who has the best war stories, right, and the fact that I had a natural child birth at home you know it gives me a lot of status . . . . because I didn't use drugs and I didn't have those interventions and things right, and so those are the types of things, like there is status, the longer your labour was, everybody wants to talk about how long their labour was. I never counted it out till I finally heard how many war stories and I finally, it shut people up when I said "I had fifty-six hours of labour." I did but "wow" it's like "you don't talk to me about how hard it was okay, I know like" and people just go "oh wow, oh that." I've never heard anybody top that yet.

Women who have experienced, without medication, relatively easy, painfree and enjoyable births can feel marginalized and even rejected in the circles of birth-story-sharing. Bronte Campbell whose second child was born at home, the factor to which she credited her "fabulous" birth experience, found that she had to stop telling this birth story to other mothers. She told me:

> it's always, I mean in the media and everything, it's screaming, it's yelling, it's pain, it's 'pass the drugs.' I was watching Rosie O'Donnell and she

> had interviewed two women, actresses, Heather Locklear and Lisa Kudrow. Both recently had babies and they focussed on 'oh needed that epidural, thank you very much' and all that. But it's all pain-centred. It's all you're not in control, someone else had to give you something . . . . I think also that if you say that you've experienced so much pain that's where the one-up-manship, 'oh you have pain, well I tell you they had to, I had every medical piece of equipment known to humankind shoved up my yingyang and pulled right back out again' and blahdy blahdy blah, you know, pain, pain, pain. And who can possibly come up and say 'well actually you know I liked it. I really had a good time. When I was pushing with her, it felt good.' I can't adequately explain it but it was like a rush, you know . . . it was a release . . . I do want to do that again, I want to feel that again cause it was just so cool, the whole thing.

Although some women experience relatively pain-free birth without medication, most women do experience some degree of pain in the uterine contractions and in the stretching (and possible tearing) of flesh, muscle and ligament that must happen for a baby to be delivered. Each birth is unique and entails its own degree of pain; likewise, individual women have individual pain tolerances and pain coping mechanisms. For Canadian women who have access to health services, however, there is no actual need for labour or birth to be painful at all. A wide variety of drugs exist that can be administered at different points in labour and delivery to render the experience pain-free (Simkin 1989: 161-180). Thus the physiological necessity for discomfort or pain during the birthing process is obviated by the medico-technical expertise that exists in our society. This expertise, however, is not uncritically embraced and its use is, in fact, tempered by values arising within the culture of motherhood.

People who are not members of the culture of motherhood, non-mothering women, men and children, generally do not care about the pain of labour and birth as much as do other mothers. By this I do not mean that they do not care for or about the woman in pain but that they are far less likely than other mothers to see the endurance of this pain as a valuable thing, or to see the unmediated/unmedicated experience of the ordeal of birth as a rite of passage. It is, for the most part, mothers who care very deeply about their own and others' birth experiences, about whether those experiences are valuable, empowering and meaningful to the women having them. The pain of birth, the ordeal of birth, are given their cultural significance by other mothers; it is primarily the culture of motherhood that exercises the power to make meaning here.

If birth is an initiation ritual, and if this is an initiation by ordeal, then pain and the efforts of labour are the cornerstones of the ordeal. Physical pain, as Scarry (1985) points out, is an essential human experience but it is difficult to communicate and impossible to actually share with others. Scarry (1985:22) explains that "we make ourselves (and the originally interior facts of sentience) available to one another through verbal and material artifacts." These verbal artifacts include the noises we make when in pain; they also include the stories we tell about the pain afterwards. All we can ever have is an artifact of someone else's pain, whether contemporaneous or retrospective, and all we can ever offer is an artifact of our own pain. Thus, telling of the pain afterwards is, in a fundamental way, identical to having had the listener present to hear it in the first place. The story of the pain *becomes* the pain; the story of the ordeal *is* the ordeal. And although birth stories are not just about pain, they are, in a broad sense, about the ordeal which often includes pain, and so the question "what are the purposes of sharing birth stories?" contains within it the question "what are the cultural purposes of the pain/ordeal?"

Pain

In chapter two we considered the accounts women offered of the personal value of birth pain. Here we will examine some of the reasons such pain might be of value to, and within, the culture of motherhood. Certainly, sharing an ordeal can bond members of a group to each other (Cohen 1964; Van Gennep 1909) and acknowledging and celebrating the ordeal can provide the foundation for a shared value system. Having evidence of surviving the ordeal, for example via the birth story, thus provides a marker, for oneself and others of one's membership in the new group/status. None of these ends, however, would actually require that the ordeal be physically painful or, potentially, injurious.

Morinis (1985) argues that when initiation rituals involve pain, the pain is not merely symbolic but that it "has a central role in the accomplishment of the explicit purposes of the initiations" (151). In his consideration of the pain-filled rituals to which some male youths are subjected, Morinis suggests that the endurance of pain, and even mutilation, are ways of proving one's manhood (Morinis 1985:156). Hardiness, courage and stoicism in the face of pain are not, however, components of mainstream Canadian constructions of femininity. Canadian women are generally not called upon to prove their "womanliness" or "womanhood" in the face of ordeal nor are they likely to be admonished to "be a woman" when facing adversity. These characteristics are, however, consistent with popular expectations of mothers; human mothers, according to popular myth, share with the lioness and the mother bear the bravery, and willingness for self-sacrifice, in the face of any threat to their young. The solemn endurance of pain in birth, then, might be their first real opportunity to prove their *motherliness*. Adrienne Rich's analysis of her own and others' birth experiences supports this interpretation:

> among those who were awake at delivery, a premium seemed to be placed on the *pain endured* rather than on an active physical experience. Sometimes I felt that my three unconscious deliveries were yet another sign of my half-suspected inadequacy as a woman; the "real" mothers were those who had been "awake through it all (Rich 1976:176)." (Italics in original).

To submit to pain *is* to submit to sacrifice (Morinis 1985:161). Enduring the painful ordeal is to simultaneously sacrifice and to symbolically represent one's willingness to make future sacrifices for the greater good, to which the initiate is now supposedly committed. The greater good to which new mothers are expected to commit is not the survival of the culture of motherhood but the health and survival of their children. Morinis (1985:161) claims that in order to meaningfully make the required sacrifice, "(i)t is relevant that in most cases, the initiand is expected to step forward willingly and bear the pain." To be overtly pressured to "step forward willingly," as most of the women who spoke with me said they were, underscores the extent to which the stepping forward is symbolic rather than genuinely freely chosen.

It has also been argued that pain is a "peak experience" (Morinis 1985:166) which has the capacity to actually shift one's consciousness, to fundamentally change the mind. In terms of the painful rituals endured by young men, Morinis argues that the "pain of ordeal in initiation has the potential to mature consciousness by wasting the innocence of childhood and giving birth to the heightened self awareness and greater consciousness of adulthood" (1985:167). The fact that he cannot describe this process without using the metaphor of birth is extremely telling; birth is both the occasion and the archetype of profound changes. Pain, by this perspective, can jolt one out of one's semi-conscious, complacent daily life and put one in touch with transcendent realities (Neher 1980). Walker (1998:111) urges that we

> reaffirm the radical subjectivity of pain, its potential to reorder and relocate the subject in relation to the symbolic order. This kind of pain resists communicative language . . . . The pain of this crisis reorders the body preparing it for another subjectivity, another discourse.

Although Walker is discussing maternal bodies here, Bergum (1997:53) more clearly makes the connection with maternity:

> To have experienced birthing pain offers the possibilities of self-knowledge, knowledge of limitations and capabilities, of new life as a mother, and of a woman's place in the mysterious cycle of human life - birth, death and rebirth.

If we are able to relive our own and others' pain in the telling of it, then perhaps the sharing of birth stories is the mining of painful experiences for the transcendent knowledge to be gleaned from them. Passariello (1994:116) suggests that "[p]erhaps we enjoy the pain of others, even our own pain, as a transcendence of the ordinary, as a jump into the dangerous pleasures of liminality, as a bridge to the non-ordinary, the sacred."

If pain offers a path to transcendence, it is also the common denominator of human existence (Scarry 1985). In the experience of pain, we are inescapably reminded of the basic conditions of being human. To contemplate this might itself represent a shift in consciousness and sense of self. Ruddick (1995:214) argues:

> The pain of birthing labor . . . represents the manifold pains to which human flesh is heir. However exhilarating "natural" childbirth may be and however solacing the drugs medicine offers, birth cannot be rescued from philosophical suspicion by denying its pain. Rather, birth's distinctive conjunction of erotic excitement, physical pain, and social promise can

provoke reflection on the place of pain in life.

Why might the culture of motherhood care if women are willing to make sacrifices or if they experience a shift in consciousness as they journey into motherhood? I would argue that one of the functions performed by the culture of motherhood is to oversee the care of the young. Within the culture of motherhood mainstream, or even alternative, constructions of childhood and of good and bad mothering are not simply blithely transmitted to new mothers. They are analysed, discussed, negotiated and struggled with, but generally with the ultimate purpose of figuring out how to provide the best care to the children. This will become clearer in chapter five when we examine the sorts of topics new mothers commonly discuss. There are, however, dominant themes that cut across various constructions or models of "good mothering" and a willingness to sacrifice and a consciousness attuned both to the infant and to the vagaries and fragilities of human existence are consistent with these constructions. Being initiated into the culture of motherhood, then, involves demonstrating that you have, or have developed, some of the characteristics considered essential to the tasks of mothering.

Having suggested above that mothers care more than anyone else about the pain of birth, there *is* another group, many of the members of which are mothers, which has, for the duration of its existence, been concerned with women's birth experiences. This group is feminists and although our consideration of feminist influences is complicated by the fact that there have always been multiple feminist perspectives, feminists in general have been at least as concerned with women's experiences, with the meanings of birth *for* women, as they have been with figuring out how best to care for children. I cannot discuss here the multitude of issues that feminists have tackled under the auspices of feminist examinations of motherhood. I want merely to draw out some of the connections between the pain of birth and feminist concerns.

Control, as a type of power, both on the institutional level and as the exercise of independent decision-making in one's own interests, has long been a concern of feminists examining childbirth and motherhood (Fox and Worts 1999). If we look at childbirth practices over the past two centuries in North America we see the shift from woman-attended (usually a midwife) births at home to medical practitioner-attended births in hospitals. By the early 20th century most middle and upper class women were giving birth in hospital and by the mid-century almost all North American women were giving birth there (Leavitt 1983, 1997). In the latter couple of decades of the 20th century and the early years of the 21st century, we see an increasing number of North American women (although still a very small minority) demanding the option of midwife-attended births at home or in birthing centres.

The shift in birth location from home to hospital represents the medicalisation of birth with birth being reconstructed from a natural event requiring support but little actual intervention to a medical event or emergency requiring medical expertise, assistance and, often, intervention. Institutionally, the locus of control has shifted from the woman in her home making her needs and desires known to the people who are present specifically for her, to the hospital where the woman is expected to accommodate the medical procedures of birth being supervised by people who are there for numerous other women at the same time.

With medicalisation comes the wide variety of drugs that can minimize or eliminate the pain of birth, even render the parturient woman unconscious. With medicalisation also comes the technology, such as forceps, vacuum extractors and scalpels for (episiotomy) to "assist" delivery or even to replace vaginal delivery (with a caesarian section). In the early 20th century when these techniques were being developed and "twilight sleep" drugs had been introduced, a sizable contingent of feminist women agitated to have access to these measures (Leavitt 1997). Although twilight sleep rendered the parturient woman unconscious, a state we might see as completely out of control, many feminists at the time interpreted this as an exercise *of* control; women were demanding access to medical expertise and technology and shaping their birth experiences as they chose. Women also argued that the pain-free birth, as opposed to long, painful, arduous labour, left them more capable of immediately meeting the needs of the new infant. Formal groups, such as the National Twilight Sleep Association in the United States, formed to push for full access to all the birth-related technology the medical industry could muster. Leavitt (1997:251) points out that "[m]any leaders were active suffragists whose commitment to twilight sleep was rooted in their belief in women's rights." She explains that "[t]wilight sleep women wanted to control their own births by choosing to go to sleep. They were not succumbing to physicians or technology but were, they thought, demanding the right to control their own birthing experiences" (251).

This feminist thread remains in contemporary discourse about birth with women occasionally arguing that it is their right to chose the conditions of their birth and that it is consistent with feminist principles to avoid unnecessary suffering of pain and to use whatever technology is available. It might in fact be seen as counter-feminist to insist that women in birth remain in a "natural" state rather than allowing them to participate fully in the larger technologised, medicalised society; such practices could, it might be argued, reinforce the problematically hierarchical associations of women with nature and men with culture.

These would not, however, appear to be the arguments that are winning out. Contemporary feminists (and feminist perspectives have been tremendously influential within the culture of motherhood) are not likely to interpret an unconscious woman as one actively exercising control. Even a woman on painkillers, or having an epidural, might be viewed suspiciously. Cultural feminists of the 1970s and 1980s might have wanted women to reconnect with their own "natures" through the "pure" birth experience, but even these ideas have come under fire for their essentialism. The largest feminist concern today seems to be with control during birth being in female rather than male hands. That statement is an over-simplification because it is not the actual sex of the hands that matters as much as the gendered power base of the institution they represent; a female doctor in the hospital thus represents the male hands of patriarchal medicine

A woman giving birth in a hospital (medicated or not) can be interpreted as embodying loss of control on two levels: she is not personally controlling the process either with her directions to her support people or by allowing her birth process to "run the show" (rather than being constrained to fit hospital schedules, practices and policies); and birth, as a social process, is no longer woman-centred and woman-controlled, by the mother and by the female midwives and attendants. The medicalisation of birth represents the devaluation and loss of the traditional, pro-woman knowledge of the midwife. Both the individual woman giving birth, and the social institution of knowledgeable and powerful female birth attendants are, in a sense, fundamentally insulted by the medicalised birth. Refusing medication, insisting on a "natural" birth, even in a hospital setting is, thus, an act subversive to the medical industry and potentially empowering to the woman.

There are then, ultimately, several reasons why feminists might prefer that women eschew pain medication and other medical interventions in birth (when possible, certainly not at the expense of the survival of mother or child). The sense of power and efficacy ("if I can do that I can do anything") that women often feel when they have endured the ordeal and pain (or some portion thereof) during birth are feelings that feminists would wish for all women. This sense of personal empowerment is of value both to the individual woman and to feminism itself, if we consider feminism as another (diverse) cultural space/group of which some women are members. In this latter sense, we see another group (feminists) who would value the ways in which a community of like-minded women might be forged through shared experiences of ordeal and pain. Further, as mentioned above, some (generally "cultural") feminists might value the opportunity they perceive "natural" birth offering women to reconnect with some quintessential female experience, or even with female nature. And finally, on what may be the other side of this coin, or the face of a completely different coin (depending on the feminist perspective chosen), "natural" birth (in the technomedicalised Canadian context) is an act [illegible]reby women defy the patriarchal robbery, from women, of birth (both as an individually controlled embodied experience and as a pro-woman, female-controlled social event).

Feminist thought is part of the larger culture surrounding the culture of motherhood and we must remember that the culture of motherhood filters in ideas and beliefs about motherhood circulating in the larger culture. In addition, many members of the culture of motherhood are feminist and thus bring feminist concerns to motherhood at the same time that they bring maternal concerns to feminism. Feminist perspectives are pervasive (although as subject to critical examination as any other perspective) throughout the culture of motherhood.

We see, in the end, that the pain of birth is neither merely incidental, nor simply an inconvenience to be easily avoided by medical measures. The pain of birth is of great value, often to the individual women who experience it and certainly to the culture of motherhood. Birth pain cannot be ignored, either as a physical experience or as a cultural issue. All of the women with whom I spoke had to figure out how to deal both with the pain of birth as they lived through it, and with the conflicting cultural values surrounding the pain of birth. The majority ended up having some sort of pain medication but, as Fox and Worts (1999) argue, this might indicate that not enough support and guidance (by midwives and partners) was available through birth. It could also indicate, as Davis-Floyd (1992) argues, that these women have been successfully socialized into the dominant technomedical model of birth. The very common practice of enduring the pain for several hours and then taking medication or having an epidural is, I would contend, many women's ways of reconciling the conflicting values and demands facing them. They are able to experience the pain, they are able to utilize the medical expertise our society can offer them, and in doing both of these they are able to feel that they have choreographed their birth experiences. They have an ordeal they can share with other mothers, the survival of which contributes to their sense of efficacy and, although they will probably have to explain and justify their use of pain medication, they have the sense of having made their birth experiences survivable for their own selves.

Initiation for Non-Gestational Mothers

The group of women who participated in my research included ten non-gestational mothers. Two of these women were adoptive heterosexual mothers and eight were non-biological lesbian mothers.[8] One of the adoptive heterosexual mothers had had a private adoption whereas the other had had a public adoption through social services. Two of the lesbian mothers, partners to each other, were both biological and non-biological mothers to their daughters: both had been impregnated with the same donor's sperm and had given birth eight months apart. For mothers like these, entering the culture of motherhood can be quite a different process than it is for gestational mothers.

Women adopting babies or children publically or privately (as opposed to lesbians adopting the babies their partners have birthed) certainly know that they have been approved for adoption but generally have relatively little time to prepare for the particular adoption. The respondent who pursued public adoption had two day's notice when a baby came available for adoption; she and her husband picked up the baby having had time only to buy a few essentials, such as formula, some clothing and diapers. They did not have time to prepare a nursery, to purchase major furniture items or to buy many toys. They did not even have time to tell anyone outside of immediate family that they were about to become parents. Prospective mothers in this situation do not have several months of increasingly visible gestation during which they can be gradually welcomed and socialized into the culture of motherhood. The type of liminality they enter once they have been approved, in principle, for adoption, is much more unstable and insubstantial than pregnancy. Although once approved for adoption they might expect to be mothers some day, this is not the same as being an expectant mother.

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[8] At the time I was conducting the interviews, there were as yet no legal provisions in Alberta for non-biological lesbian mothers to adopt their children. Thus, although two of my participants had come from other provinces where they had been able to adopt their children, I do not refer to this group, overall, as adoptive lesbian mothers.

Women who pursue private adoption might have a bit more preparation time because they might be chosen by the birth mother relatively early in the pregnancy. The respondent in this situation had about three months notice that she would be a mother, during which time she met the birth mother, and was able to tell friends, family and a wider circle of acquaintances that she was soon to be a mother. The day of the birth, however, is not the day an adoptive mother becomes a mother. In Alberta, relinquishing birth mothers have ten days after the birth in which they might change their minds about giving up the baby for adoption. This creates a unique, potentially extremely stressful, period of liminality in the adoptive mother's journey into motherhood. The woman who had a private adoption had had a previous experience, also a private adoption, where, after several months of participating in the birth mother's pregnancy and medical exams, the birth mother changed her mind the day after the birth.

Women pursuing private adoption might, thus, have time to prepare nurseries and buy baby furniture, clothing, and toys ahead of time. They can know, up to several months in advance, that they have been chosen to adopt a specific baby, but this is still not the same as being pregnant, particularly in the public world. Certainly family, friends and even employers might be told the happy news, but it is unlikely that such prospective mothers would strike up conversations, as peers, with pregnant women in public spaces. As one of the non-biological lesbian mothers pointed out, to engage in the pregnant-mommy talk you really have to be pregnant; to be "expecting" in more abstract ways does not generally suffice.

Although the adoptive mother's motherhood status is not firm until the adoption is legal (and thus baby showers are likely to happen after the ten-day waiting period), women adopting privately generally do have opportunities to engage in prospective-mother talk with their own relatives and friends. Their initiation into the club can thus begin before the appearance of the baby, even if their contact with unknown mothers is limited. The public adoption mother, however, might seem to just appear with a child one day, and in the culture of motherhood, this is exactly what she has done. She has probably not had any identifiable period of "expecting" at all, to share with family, friends or strangers. Although family and friends might know that she has been approved for adoption, and is on the waiting list, there would not generally be a sense that motherhood is imminent; motherhood conversations would thus likely be quite general and abstract if and when they happen.

On the other hand, a non-gestational lesbian mother, in a family where the baby was conceived "by the couple[9]," is, in fact, an expectant mother for the same length of time as is her partner. She has likely been involved in the pregnancy since the decision-making stage and might have been the person who inseminated her partner. Without the visible pregnancy, however, she tends not to be accepted into pregnancy chats with other mothers and pregnant women. A couple of women did, however, report that on occasion they joined in with conversations that had been initiated at the sight of their pregnant partners. This, unfortunately, requires coming out as a lesbian couple to complete strangers and so the effort and risk is not always seen as worth it for what tend to be considered casual conversations. None of these mothers reported engaging in conversations, *as* expectant mothers, with other unknown mothers or pregnant women if they were out without their partners.

Certainly family, friends and even employers are often informed of the non-biological lesbian mother's impending motherhood. Consistent with my earlier findings on lesbian motherhood (Nelson 1996), several women reported that friends, especially gay and lesbian friends, are the people who are most likely to understand that the non-gestational partner is also becoming a mother. Siblings can also be supportive and often, although not always, make an effort to "get it." Some parents of the non-gestational mothers are able to comprehend that their daughters are becoming mothers and that they themselves will be grandparents, but many are not. Certainly, gestational lesbian mothers can also run into opposition, even rejection, from their families, but they are more likely than their partners to be acknowledged, and interacted with, *as* expectant mothers by their families.

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[9] The distinguishing characteristic about this type of conception is that it is contained within the lesbian relationship; it is a joint project of that relationship. The actual insemination might come about through anonymous or known donor insemination or through intercourse with a known or unknown male.

Most non-gestational lesbian mothers enter the culture of motherhood via their partners. I mean this in two ways. First, they are becoming mothers because their partners are giving birth; their motherhood status, at this point, depends on their partners' reproductive success. Second, it is likely their partners, novices themselves, who are the primary "other mothers" who initiate the non-gestational mothers into the club. In this sense, mothering lesbian couples constitute their own mini mothers' club.

A lot is hinging on the pregnant gestational mother in a lesbian relationship; she is performing the bulk of the mother-becoming work for both partners at this point. Not only must she negotiate her own way through pregnancy, deciding as she is welcomed into the broader culture of motherhood if and when she wants to come out as lesbian to people in the course of exchanging stories and advice, she must also figure out a way to make it a pregnancy-for-two. Many of the lesbian women with whom I spoke talked of working with their partners to achieve a feeling of "we are pregnant." This is accomplished by such activities as keeping the non-gestational partner informed about the subjective experiences of pregnancy, including the non-gestational mother in doctor's visits, and sharing and discussing books on pregnancy and motherhood.

These do not differ from the ways in which heterosexual couples share a pregnancy (also sometimes resulting in a sense of "we are pregnant"). What is different is that in a heterosexual couple one partner is becoming a mother and the other is becoming a father and each has a sociocultural conceptual space to occupy. New fathers are welcomed by other fathers into what might be called the "fathers' club." It makes sense in mainstream Canadian culture to become a father through the pregnancy of one's partner. It does not make as much sense to people that one could become a mother through the pregnancy one's partner. As motherhood tends to be constructed in the Canadian mainstream, there can be only one mother (disagreement over whether she is identified by her seed or by her nurturance creates instability for adoptive mothers). Other mothering figures, such as step-mothers or even grandmothers are seen as secondary figures - *maternal* perhaps but not *the mother*. Lesbian couples who have babies together can have a very difficult time making people understand that they are both, equally, the mothers of their child(ren). Michelle Mathews voiced a concern common among the non-gestational lesbian mothers; that she felt invisible as a mother. She told me:

> there's just sort of an attitude that "gee you can be a lesbian, we'll accept you as a couple," but to introduce children into that picture, it really muddies the water for a lot of people. So even straight people who know me and are accepting, or say they are, or act like they are, of your homosexuality, they seem to have a really hard time, not necessarily a negative point of view, but it just somehow doesn't compute for them.

It often thus comes down to the gestational mother to keep her partner feeling connected to her own journey into motherhood, connected to the baby and connected, as a mother, to the family unit. Lesbian couples who had sperm-donors who were active and involved with the pregnancy and child-care found that it was even more difficult to make people understand that there were two mothers and a father; health-care practitioners, for example, were likely to acknowledge only the birth-mother and the donor/father. Non-gestational mothers in these families reported that they also felt very threatened and marginalised during the pregnancy and birth by the presence of the donor/father but that these feelings died down once the baby was born and both women became the custodial parents and primary care-givers.

Similar, again, to my prior research (Nelson 1996), some non-gestational lesbian mothers reported feeling completely alienated at (medicalised) prenatal classes if the couple attended them. It would appear to still be common practice, at some point in the prenatal classes, to have the fathers and mothers split up and, still, the non-gestational mother is sent with the fathers when neither she nor the men perceive her as a prospective father. This blatant denial that she is also an expectant mother can be terribly demoralizing. In addition, the non-gestational mother misses out, once again, on the new-mother chat that is happening in the mothers' group.

Both heterosexual adoptive mothers and non-gestational lesbian mothers are women who become mothers when *somebody else* gives birth. The gradual entrée into the mothers' club that gestational mothers experience during their pregnancies is severely attenuated for these non-gestational mothers. In cultural terms these women just appear one day, with babies, presenting themselves as mothers. Like almost any woman with a baby, a non-gestational mother will be assumed to be the mother of the child and will be invited into new-mother chat by other mothers (in particular and other parents more generally). This brings us back to the birth story.

The woman who has not given birth, but who is nonetheless the child's mother, is at a severe disadvantage here. Heterosexual adoptive mothers can, with reasonable impunity, admit that they adopted. Although adoptive mothers might be met with pity (i.e. "that poor infertile woman" or "that poor unwanted baby") there appears to be no great stigma to admitting that one adopted. Many other mothers would not deny the adoptive mother's claim to be a mother and might, at this point, steer the conversation away from the details of birth and more toward the details of mothering an infant. If the conversation is among a group of new mothers, however, the adoptive mother might be dropped from the conversation while the rest continue to share birth and labour stories. Sometimes an adoptive mother is asked about the details of the adoption before the conversation returns to the exchange of birth stories.

I asked many of the participants how they thought adoptive mothers would fare in these conversations and answers varied. Some felt that adoptive mothers would be seen as "not quite" mothers because they had not given birth, they had not gone through the ordeal. Some suggested that this would mean that an adoptive mother would not feel the same connection to, or love for, her child; she might love the child just as much, but in a slightly different way. Others tried to include adoptive mothers by allowing them different ordeals to mark their entrance. A couple of women, for example, said that the emotionally painful processes of dealing with infertility, applying for approval and waiting for a baby were equivalent, in pain value, to labour and birth.

The two adoptive mothers, themselves, reported that they remained fairly distanced from these types of conversations. Dawn Hossack said that she would just smile at people, but not take up the invitation to talk, when strangers started asking her questions about the birth. Catherine Ingall told me: "well, I relate stories of my friends. I will say, 'oh gee, that happened to my friend' Or I say 'oh gee, I just can't become too much a part of this because I adopted'." She took the philosophical stance that there are always conversations in life from which one is excluded.

A non-gestational lesbian mother is in a much more awkward situation. Unless she dissembles and answers questions about the labour and birth as if she were the one who experienced them, changes the topic, or presents herself as an adoptive mother and lets her audience assume she is heterosexual, she will have to "come out" in order to fully and honestly answer the questions posed. The truth-telling non-gestational lesbian mother must, thus, deal not only with the possibility of homophobia but also with the difficulty that other mothers might have in even recognizing that she is a mother and, as such, can and should be included in maternal conversations. This can be a lot of effort, and a lot of risk, for casual conversations with unknown mothers in parks and stores. Kerry Thibault described her experiences:

> mother's are funny like at . . . playgrounds or whatever they'll say things like 'oh yeah how was the . . . birth' and 'how are finding,' you know, and I'll answer as best as I can and sometimes I find I'm irritated. Ah, but I'm irritated not at them asking me questions, I'm irritated that it's such a process to, to have to tell people, and be outed, and educate and you know sometimes you don't want to do it. I just want to go to the park and play with my kids.

Birth and labour stories are not, of course, the only topics of conversation among new mothers. As we will see in chapter five, new mothers exchange a lot of information and advice about baby care and, to some extent, about self-care. Adoptive heterosexual mothers are more likely to be welcomed into these types of conversations. Non-gestational lesbian mothers will certainly participate but might still feel marginalised, both by homophobia (which can also marginalise the lesbian birth mother) and by other mothers' difficulty and reluctance with acknowledging the non-gestational lesbian mothers *as* mothers. Lesbian mothers, both gestational and non-gestational, can also feel alienated, or simply bored, by the heterosexual focus of many conversations among new mothers (e.g. division of labour with husband, effects of new motherhood on sexual relationship with husband) and by the prevalent assumption that all mothers *are* heterosexual. We will see in chapter five, however, that ambivalent feelings about the culture of motherhood, and the things that happen in that cultural space, are quite common among all mothers

Although the exchange of birth stories is a significant part of establishing oneself in the culture of motherhood at the beginning of motherhood, when the exchange of birth stories dies down the non-gestational status of the mother can become much less significant. Heterosexual adoptive mothers can, to a large extent, simply blend in and do not have to always reveal that they became mothers through adoption. It is much more difficult for lesbian mothers to blend; they will often still have to explain what each woman's relationship is to the child and to each other. But, eventually, of course, the birth story is no longer the ticket into the club. Having mothering experiences to discuss suffices; these can be taken to constitute their own ordeal. In this sense, mothers are always entering the culture of motherhood. They are simultaneously members and displaying that they are members.

We have seen how the experiences of pregnancy, discussed in chapter two, are articulated, mediated, enacted and signified within the culture of motherhood. The culture of motherhood does not just freely make up its own meanings, and the discursive space it offers overlaps intimately with the language, ideas and values of the larger culture in which it is embedded. Nonetheless, we can see that some of the articulatory, significatory and reificatory work that is done within the culture of motherhood is not done, or is inadequately done, elsewhere.

Having examined the gestational and non-gestational journeys into motherhood, and into the culture of motherhood, I will, in the next chapter, explore the impact of new motherhood on women's relationships with other people, both those who are inside the club with them and those who are not. In chapter five, I will go on to discuss in more detail what "happens" in the club, the ways in which women identify themselves in relation to it and their feelings about membership in the club.

Chapter Four

A World of Relationships: Inside the Club and Out

"It sure changes the perspective of your mom.
Cause you know that your mom loves you and you love your mom
but you don't know *how* your mom loves you.
When you have this little helpless baby and it's yours,
you made it and it's there with you all the time.
You can't possibly imagine loving someone that much.
You think, 'wow my mom loves me that much?
Holy crow, that's really cool.
Does she love me that much still?'" (Sunny Hanson)

In this chapter we will examine the changes that occur in a new mother's relational world. As a woman's relationships change with those people who are inside the culture of motherhood, so too do her relationships with strangers, relatives and friends who remain outside the culture. In fact, understanding the shifts in one set of relationships can assist us in understanding the shifts in the other. I will begin by examining mothers' relationships with strangers, both real and virtual; next, I will consider the effects of motherhood on women's friendship circles; I will go on to explore new mothers' relationships with their family members and their partners; and I will conclude with an examination of new mothers' relationships with their own mothers.

Strangers - Real

Clearly, in the most general sense, the members of the mothers' club are mothers. Many of the women who spoke with me indicated that membership transcends geographic, cultural, class, racial and linguistic boundaries. Although there are some women whose status as "mother" might be disputed, if a woman is acknowledged as "mother," she is perceived by many of the women who spoke with me to belong to a very large community of women who can understand each other on a fundamental level. Many women thus said that they felt they could relate to mothers in other countries, even mothers with whom they would be unable to speak; the understanding of common experiences of motherhood could still pass between them. We will explore more fully in chapter five these feelings of connectedness among mothers. Although new mothers might enter a culture that includes all other mothers in the world, it is a much smaller membership that is most salient to any individual woman. Let us begin by looking at the strangers with whom a new mother is most likely to come into contact.

We saw in chapter three that knowledge of a woman's pregnancy is sufficient to encourage other pregnant women and mothers to interact with her. Likewise, a woman out in the public world with an infant will be engaged in "mommy-talk" by other mothers. Several of the women who spoke with me indicated that once they were visibly pregnant, or were out with babies, they were interacting with strangers far more than they ever had previously; their motherhood status gave people an opening for discussion, or provided the mothers with a basis from which to approach others. Although the bulk of these conversations happen with other mothers, the conversational partners can also be men, children, and non-mothering women. These discussions can be so numerous as to actually impede a new mother's progress through a grocery store or other errand. Several mothers told me that they sometimes preferred to go shopping without their babies just so they could move efficiently through the store without being stopped by multiple strangers. Dallis Wilson told me "you have no idea how many babies and pregnant people there are in the world until you get pregnant and then they're everywhere . . . and it's almost like obligatory that you have to smile and say "hi" to other moms." These expectations begin in pregnancy and continue through early motherhood.

Most conversations with stranger-mothers, are, as we examined in chapter three, of the status-establishing sort; each participant demonstrates her position in the journey into, and through, early motherhood, by offering or soliciting experience, expertise or birth stories. The vast majority of these conversations will never be repeated with the same people. Most of these conversations are not building blocks in the foundations of new friendships; their purposes and value must thus be contained within them. Certainly, as discussed in chapter three, such discussion serves to establish bonds between mothers, an essential component of any cultural group. Such conversations, especially given the frequency with which they occur, also serve to keep mothers oriented towards mothers and mothering. Visibly pregnant women and visible mothers cannot move through their days without being repeatedly reminded of their motherhood status; they might be interacted with more *as* mothers than as anything else. This is the very substance of a master status and it is a reciprocal process; each woman is both the recipient and the generator of mother-talk overtures. Without a sizable community of other mothers with whom to interact, it could be much more difficult for a woman to negotiate and establish a maternal identity for herself. Although each individual conversation might happen only once, when placed together they constitute an ongoing conversation about motherhood.

As mentioned in chapter three, a noticeable subgroup of the stranger-mothers who initiate conversation with pregnant women and new mothers might be called "stranger-grandmothers." These are women who are considered to be of grandmothering age, in their 50s and older, and who were presumed by the respondents to actually be grandmothers. Numerous women reported to me that a great many stranger-grandmothers struck up conversations with them, asking them about the baby and offering advice. Jill Hobart's experiences were typical in this regard: "I've noticed more seniors would want to talk about the baby. . . . I noticed that the women really are fascinated . . . . I think probably, I wouldn't say reliving their experiences, but remembering their experiences."

Many women did not object to these conversations - "the grandmother" is a genial character in mainstream Canadian culture - even if some women found some of the advice rather outdated. This is also consistent with hegemonic Canadian culture wherein aging, especially for women, is associated with increasing obsolescence rather than increasing wisdom (Narushima 2004; O'Connor and Madge 2004)[1]. Perhaps, then, a key factor that motivates older mothering women to continue interacting within the culture of motherhood is the hope that their wisdom and experiences, gained through long years of mothering life, will actually be respected and heeded. In a classic case of type-casting, however, younger mothers tend to interpret these overtures as benignly nurturing, yet ineffectual, rather than truly authoritative. I would suggest that although Canadian culture does expect that mothers will be "maternal" in their behaviour and temperament, with grandmothers these expectations become positively tyrannical; women over 50 are not only assumed to be grandmothers, they are expected to behave in a grandmotherly fashion toward *everybody*. Older women, especially those who have devoted their adult lives to mothering rather than paid employment, are perceived as having little of social value to offer and thus only a very small portion of what they do offer is recognized or valued. Young mothers can be as guilty as anybody of "grandmothering" older women and of rejecting their experiences and wisdom as obsolete.

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[1] There are, of course, notable exceptions. Many aboriginal cultures value the work and wisdom of grandmothers who often play important parenting roles within extended family networks (Das Gupta 2000; Locust 1990). Grandmothers in African American and Canadian Black families also often occupy esteemed positions and play vital mothering

Strangers - Virtual

Another set of "strangers" who become of interest to pregnant women and new mothers are the "virtual friends" who meet on the internet or who write books about mothering. As we see ever-increasing numbers of women using the internet to access health information in general, pregnancy and mothering-related information in particular (O'Connor and Madge 2004; Pandey, Hart and Tiwary 2003), a large number of websites

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roles (Glenn 1994; Sudarkasa 2001), sometimes even becoming mothers for a second time with the advent of grandmotherhood (Gibson 2002; Haglund 2000).

are being created that are devoted to mothering issues. Most of these sites have chatrooms or bulletin boards where visitors can "meet" and exchange experiences and insights. A few of the women who spoke with me had signed on with a website that allowed them to enter their stage of pregnancy and then be sent developmental information (about the foetus) every week. They were also given entrance into chat rooms with other women who were at the same stage of pregnancy. Barbara Swenson described some of what she had found online:

> I've found a couple of good websites but one of them has a form on it and there's, you can pick what date you're due, what month you're due, and they have continuing conversations from other women that are due at the same time that you are. So I haven't actually contributed . . .but I've read through what other women are going through around my, the time that I am. And I find that very interesting and valuable knowledge because it's. . . the stuff that they don't cover in the books except for the "Girlfriends Guide" does a good job of this but the medical, or the kind of "how to" manuals they don't talk about, . . .(the) day-to-day experiences of the first time mother going "oh my God my body's doing what?" you know and, and just the, um, providing each other the emotional support. . . .This web site also has, they have a belly page, the belly gallery, and you take a picture of yourself and scan it in to them and they'll post your belly and you can have your picture of your belly and click how many weeks. And so I clicked on to, I was twelve weeks at the time, so I clicked on the twelve weeks pregnancy people and their bellies, some of them were huge.

For some women, the virtual community of mothers on the net constituted an important resource: a place to go with questions and also a place to hear about other women's experiences and get a sense of possible events for which it might be necessary to prepare. None of the women who spoke with me, however, actually developed a personal friendship with another mother met on the net; the chat groups remained impersonal and disembodied, even if at times very intimate.

Consistent with finding that women are the primary consumers of self-help literature (Copelton 2004; Ehrenriech and English 1988; Giddens 1992; Hazleden 2004; Simonds 2002), every woman who spoke with me reported having read at least one book about pregnancy and/or mothering while pregnant or early in motherhood. The vast majority, in fact, read several books during this time period. Women who took prenatal classes through hospitals or public health offices were given a book about pregnancy, birth and early mothering. For all these women, whether they were having medicalised births in hospital or home births with a midwife, pregnancy and birth are clearly constructed as events for which one must be educated and prepared. The implication that no woman will know how to look after herself, know how and what to eat and drink (and what to avoid), or understand her bodily changes and needs during pregnancy is a common theme throughout. Likewise, many decades of theorising about the nature and needs of children, and the duties and obligations of mothers, have resulted in a truly massive selection of books that instruct the presumably bewildered new mother on how to interact with her baby (Copelton 2004).

I am discussing books here, under the heading of "virtual strangers," for two reasons. The authors of these books write in a personal tone directed toward the expectant or new mother; they enter a type of dialogue with the reader. The authors thus epitomize the authoritative stranger offering advice. Secondly, the dialogue is continued between mothers within the culture. The authors are discussed and debated; the books are argued, traded, recommended and rejected. The authors and their books are thus part of the actual fabric of the culture of motherhood even while the authors themselves remain strangers.

We need only quickly peruse the self-help or parenting section of any bookstore to see how enormous is the selection of books targeted toward pregnant women and new mothers.[2] Despite this, a few titles seem to be the most popular. Almost every women with whom I spoke had read (at least part of) *What to Expect When You're Expecting* (Murkoff, Eisenberg and Hathaway 1984 (2002))[3]. Written by three mothers, a fact that contributes to the authors' credibility among readers, this book traces every stage of foetal development and the accompanying changes in the gestating body, addresses the possible fears and questions a pregnant woman might have and provides a detailed eating plan for the pregnant woman. Reviews were mixed: some women loved the comprehensiveness of the information offered; others found the tone condescending, the diet rigid and unrealistic, the possible worries too worrying or the overall view of pregnancy both partnered and heterosexist. What is of greater significance, however, is that almost every women with whom I spoke possessed a copy of this book and almost none had just happened across it with no prior knowledge of it. This is a book that mothering friends either give their newly pregnant friends or that they advise their pregnant friends to buy.

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[2] That there are almost no books for expectant, new or even older fathers, a fact that a few of the male partners of my participants found very upsetting, indicates the extent to which mothers are still held almost solely responsible for all parenting tasks. There are virtually no resources for women who want their mothering to constitute a smaller portion of the overall parenting or for men who would like their fathering to constitute a larger portion. Some theorists have suggested that this focus in the literature on mothers actually serves to reinforce gendered divisions of labour in parenting (Walzer 1996), in part because women, as the readers, actually do end up knowing more about childcare (La Rossa and La rossa 1989).

[3] This book apparently has great staying power. Walzer (1996) also found that it was the most popular book among the new mothers with whom she spoke in the mid-1990s.

Such a book thus plays a few roles within the culture of motherhood. It becomes a gift or resource, both real and symbolic, that a senior member may offer an initiate. Accordingly, the senior member identifies, creates, acknowledges and addresses the needs and questions of the newer member. Self-help materials for pregnant women can also be seen as props in the socially sanctioned performances of pregnancy. Bailey (1999), for example, argues that the enormous amounts of reading done by pregnant women actually constitute one of the "practices of self" of pregnancy. Further, the authors of such books, especially if they are mothers themselves, become part of the virtual group of mothering "friends" around the new mother. Some authors try to make this role quite explicit.[4] Vicki Iovine (1995), for example, has written the popular *The Girlfriends' Guide to Pregnancy: Or Everything Your Doctor Won't Tell You.* The basic premise of this book is that Iovine and her mothering girlfriends will become the girlfriends of the reader, her own portable mothers' club. The back cover states:

> Your doctor gives you medical advice. Your mother buys you baby clothes. But who can give you the real skinny when you're pregnant? Your girlfriends, of course - at least the ones who've been through the exhilaration and exhaustion, the agony and ecstasy of pregnancy. Now, four-time delivery room veteran Vicki Iovine talks to you the way that only a best friend can - in the book that will go the whole nine months for every mother-to-be.

Although not as well-known as *What to Expect*, Iovine's book was also widely-read and, for the most part, well-liked by the women who spoke with me, even if some readers found the tone a bit too flippant. This was another book that was often given or recommended by friends.

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[4] A book published too recently to have been mentioned by the women who spoke with me is entitled *The motherhood club: help, hope, and inspiration for new mothers from new mothers*, edited by Shirley Washington and Ann Dunnewold (2002). This selection of writings by first-time mothers makes explicit the assumptions that it is of value for new mothers to know of each other's experiences, that mothers might be said to constitute a "club," and, that a book actually represents a space in which that club is reified.

The presence of so many books for expectant and new mothers might reflect the fact that, despite a woman's initiation into the mothers' club, she still, for the most part, mothers alone. Certainly, if she has the financial resources, she can phone or e-mail mothering friends or family for advice but sharing advice is not the same as sharing the actual labour of mothering. Most new Canadian mothers do not live within extended families or in communities that share parenting[5]. Of course a book does not take a turn at baby-care either, but the book might be the most consistent source of advice and mothering companionship in any one mother's home. Mothering books might be given then as proxies of the givers.

Books also introduce new mothers to the ideological camps, which we will consider in more depth in chapter five, that mark, even divide, the culture of motherhood. The books themselves become both the voices of debate, and the resources to fall back on when engaged in personal debate, about parenting practices. One can thus strategically choose the book to give a new mother, depending on one's own preferred parenting philosophy/practice. So, for example, a devotee of "attachment parenting" is likely to give, or recommend, Sears and Sears (2001) while a supporter of what might be called

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[5] There are, of course, exceptions, including some aboriginal women, especially those living on reservations, some African-Canadian women, and some women living in "traditionally" structured extended Asian families (Collins 1990, 1994; Glenn 1994).

"structured" parenting is more likely to advocate Ferber (1985). (These parenting styles will be discussed more fully in chapter five).

Friends

New mothers (in particular, new parents in general) can be surprised to find their friendship circles changing (Fox 2001; Harrison 2000; Munch, McPherson and Smith-Lovin 1997; O'Connor and Madge, 2004). Heterosexual parenting couples find that they gravitate more toward their parenting friends and that many new friendships are established on this very basis. Doreen Franklin and her husband Eddie were like many couples in that they preferred

> definitely friends with kids. You automatically have an attraction to (them). It just seems like you can pick up the conversation and get going with it. Friends without kids will barely, and if I talk to my other friends they say the same thing, it seems like you just . . . you are worlds apart and you don't stay friends. Either they don't want to call you because they find it threatening that you have kids and they don't want kids or maybe they bug you cause all they're concerned about is things that you think are frivolous. It really, really…it changes things.

Lesbian couples also report feeling that, as parents, they have more in common with other parents, heterosexual or homosexual, than with non-mothering members of either community (Lewin 1994; Nelson 1996; Oswald 2002). Erica Edwards told me "once Fawne was born it's sort of where, it's like you get closer to the straight crowd because now you have a child, um, and they can relate to you. But the lesbian friends who don't have children or don't want them became more distant." Ora Davis was succinct: "when you have kids you're more involved with people with kids. You know, sexuality takes a back seat." Ora also went on to say however that "we knew our kids needed to know, um, lesbians. We didn't want to be the only lesbians they ever knew." Many of the lesbian mothers expressed similar sentiments; although they now had more in common with heterosexual parents they still needed some connection with the lesbian community. Lola Kostak explained:

> I like to, you know, have my straight friends that have children . . . that's okay, you know, but I really, I need to be in touch with other lesbian mothers and other lesbian couples that have children. It's important to me. I feel, you know, how would you say it? I just feel like I'm not the only one out there, you know, that there is other people.

For new mothers the shifts in friendship circles can be so extreme as to be disorienting. A number of shifts happen at the same time. First, mothering friends can move closer in. As expectant mothers engage in mothering-chat with their mothering friends, people who have been peripheral in the friendship circle can move to the centre. Second, friends who are neither pregnant nor mothers might move back from centrality or fall away altogether (Bailey 1999; Fox 2001). Possible reasons for this include the following: the new mother might be seeking out other mothers, at the expense of contact with her non-mothering friends, with whom to discuss her experiences; the new mother might be alienating or boring her non-mothering friends with her focus on her mothering experiences; a new mother usually has much less time (or energy) for social activities than she did previously and thus she might just gradually be dropped from the social roster of her friends; her non-mothering friends might assume that they have less to offer their mothering friend than they did previously, because her needs have changed, and thus willingly withdraw to allow her new interests to flourish and her new needs to be pursued.

This sense of losing friends, even if new friends are filling the void, can be experienced as hurtful and distressing for new mothers. Shira Mencken and Danika Irwin spoke of experiences common to most of the new mothers:

> I don't want to lose my friends that aren't [mothers] but it is great hanging around with the other moms because it's like a sharing of information . . . I've learnt a lot from them . . . and I get a lot of information, tips, advice, little pieces of info. I have learnt a lot from hanging around with them, so from that standpoint it's been really helpful for me (Shira).

> I do feel isolated . . . I don't have a lot of friends that have children, um, and a lot of them I've barely spoken to since I got home . . . initially because I just didn't want to talk to anybody anyways and now because, you know, they're all busy with their lives and their careers and I'm not going to be making the bar scene anytime soon, so it's not going to be any fun for them (Danika).

The third major shift in friendship circles is that some of the stranger-mothers discussed above do, in fact, become friends. Pregnancy and new motherhood can be fertile times in terms of making new friends. Although these friendships are generally not forged out of conversations in grocery stores, they can certainly be formed during park visits when there is more time to pursue conversation. Most of the women who spoke with me also reported attending some sort of formal group for new mothers or moms-and-tots. Many attended new-mothers' groups offered by public health offices. It was very common for subgroups of women to break off from these larger formal groups of mothers and continue to meet outside of formal meeting times and after the formal groups had disbanded. As we will explore more fully in chapter five, these new circles of mothering friends were very important and valuable to the women with whom I spoke.

We can see that for both new mothers and their partners, substantial shifts in friendship circles occur with the journey into new parenthood. These shifts, with the characteristic loosening of non-parenting related expectations and obligations, serve to orient the new mothers (and partners) toward their new parenting roles. For mothers, a very significant set of new friends is composed either of old friends recast through maternal discourse or friends met within the culture of motherhood. The impact of one's circle of friends on one's sense of self becomes apparent both when we consider heterosexual mothers' regret at the loss of non-mothering friends, and the social activities in which they engage, and lesbian mothers' need to retain some connection to the lesbian community, even if preferably with lesbian mothers.

Family

Becoming a mother can effect a woman's relationships with any and all of her family members[6]. Although, of course, one's family includes one's partner and one's mother, for the sake of the current discussion I will remove partners and mothers and consider them separately. Of the male and female relatives left, only some (the mothering females) will join the new mother in the mothers' club but most will respond in some way to her new status.

Many women reported, for example, that their relationships with their fathers and fathers-in-law had taken on new dimensions with the advent of their motherhood. Fathers and fathers-in-law were often, although not always, excited about the grandchild and fathers, in particular, often expressed pride in their daughters' mothering. Jane Larson reported that her father had told her

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[6] Fox (2001), points out, for instance, that for both men and women, the advent of parenthood puts them into greater contact with their extended family members. We need to bear in mind that for lesbian couples and their children, the extended family usually contains a large proportion of friends who have been incorporated into the "family of choice" (Weston 1991). I do not deal with this here but it has been discussed elsewhere (Dunne 2000; Nelson 1996; Oswald 2002; Weston 1991).

> you know, 'I'm really proud of you. I think you're an excellent mom. You're just really casual' . . . and I was just kind of like 'wow, thanks dad.' . . . I was just surprised to hear it from him. I guess he probably told me he was proud of me, you know, when I graduated from high school or something but, I mean my dad's not, he's an engineer too, he's not one to, you know, tell me he loves me and give me hugs and kisses, you know. So, um, he's been really supportive.

Shira Mencken was another mother who also found of her father:

> He's very very proud of me and he tells me that all the time. He tells me I'm a good little mommy and, I think he questioned how good of a mother I'd be and, and will she take care of her and she doesn't know anything about kids, you know, and he's just so proud of the way I love her. And so he tells me that all the time.

All of the women who reported receiving messages like this from their fathers were thrilled with the changes in the father-daughter relationship. New channels of communication were opened and daughters were able to witness aspects of their fathers of which they might previously have been unaware. In addition, the new respect that fathers had for their daughters was often reciprocated. Anne Isely said of her father: "I think that he has a new respect for me. Cause I think that he watches me be a mother and I think he thinks that I'm a good mother. He's told me that he thinks that I'm a good mother. It changed my respect for him because I know that he's respecting me. It's like a mutual respect and growth in admiration."

The contact many grandfathers desire with the new baby brings them into greater contact with the mother. This can lead to the deepening and strengthening of relationships that were already good or to the deepening of animosity in relationships that were already conflicted (more often the case with fathers-in-law than with fathers). In a situation where a father or father-in-law does not have a strong relational foundation with the new mother, creative excuses sometimes have to be devised so he can gain access to the baby. Sunny Hanson spoke to me about her father-in-law:

> His dad is funny. His dad will call and you have to invite him over. He won't just say 'can I drop by?' You'll have to have something (for him) to do. So Patrick and him have worked on the car, they have run network cables in the house. They've done all these things but when he holds her (his new granddaughter), he won't let her go. You can tell that he just doesn't want to let her go. He'll stand there and he'll talk about computers and he'll talk . . . what he's talking about is emotionally distancing. But you can see him holding her and he's totally thrilled.

For women who breast-feed, a new challenge is introduced to their relationships with male family members (Stearns 1999). The private family setting where, ideally, a mother should feel comfortable feeding her baby, is also the place where her father, brothers or father-in-law might never seen her breasts. The sexualization of the female breast which makes public breast-feeding so uncomfortable for many women can also render private breast-feeding, in the bosom of one's family as it were, also prohibitively uncomfortable. Jill Hobart was one of the women who found this with her father. She told me "another thing that was really funny is breastfeeding. Like he couldn't handle it, cause I'd say 'I have to feed now,' he was gone, you know, immediately, you know, 'do not stick around.' So there was lots of kind of anxious moments too, but happy to be around (the baby)." Kate Thompson was one of the women who found this to be an uncomfortable situation with her father-in-law:

> I nursed my son, and I'm not particularly close, especially with his (her partner's) dad. His dad and I have major personality conflicts every once in a while, so it was a very odd position for me to be in when I had to nurse my son at his home. And I, and I always, you know, wavered between, do I go to a room all by myself or do I stay here and visit. And early especially, I was so, you know, starved for social interaction that I would stay and I would nurse my baby with everyone, and I, you know, put a big blanket over so nobody could see anything, but I felt very vulnerable and, I don't know, diminished in some capacity. It was a very strange thing for me then. I'm so glad that's over.

Not all women responded by segregating or covering themselves for breast-feeding but all had to, in one way or another, negotiate the changed meaning of their breasts in the company of their male relatives.

Several women spoke of their relationships with their brothers. The most common experience was that with brothers who already were, or soon became, fathers themselves, the woman's new motherhood status tended to bring them closer emotionally and into more frequent contact. Of course, non-fathering brothers were often thrilled to be uncles, and were very excited about the new babies, but their sisters' new motherhood status could actually represent one *less* thing they had in common with their sisters; in these cases, increased contact with the sister, via contact with the baby, might be offset by greater emotional distance between brother and sister.

Although these male relatives are crucial components of a new mother's social circle, they are not members of the mothers' club. The relatives that new mothers are most likely to find anew in the club are their sisters, sisters-in-law, mothers and mothers-in-law (and, of course, partners, in the case of partnered lesbian women). I say "find anew" because these are people with whom a woman already has a relationship but with whom she begins to interact in new ways. I will discuss mothers' relationships with their own mothers shortly; here I will focus on other female relatives.

Many women reported that impending motherhood brought them closer to their sisters and sisters-in-law, sometimes creating a pattern of interaction where there really had not been one previously. Sororal relatives who were not mothers were interested in the baby and often interested in a woman's experiences of pregnancy and motherhood; many perceived these as experiences they would one day share. Mothering sisters and sisters-in-law were the primary and most trusted confidants of many of the women who spoke with me. Several women reported feeling more comfortable consulting sisters, and even sisters-in-law, than other people about "personal" bodily events and experiences (such as vaginal excretions during pregnancy or negotiating sexual intimacy with one's partner during pregnancy and early motherhood.)

Sisters and sisters-in-law who are already members of the mothers' club act as vitally important guides to new members. They are often the first to introduce initiates to forms of maternal discourse, (demonstrating "these are the things mothers discuss, these are the issues mothers care about, this is how mothers speak with each other") and to resources, such as books and websites, for the new mother. One's sisters and sisters-in-law are generally in the same generation as one and so their insights can seem more timely and relevant than those of older generations. Anne Isely and Jennika Kovacs were among the women who found that becoming mothers brought them closer to their sisters-in-law:

> We have more in common. She became a mother quite young too and so she's glad to have someone else to talk to about baby issues, share baby clothes with me and share her maternity clothes with me. It just created a new special bond. She just loves that her children have a cousin now and that she has a nephew. That was very significant for her. She's thrilled that her children have someone to be with at Christmas and someone to . . . it's been better. (Anne)

> I don't see her (sister-in-law) that often but when I got pregnant and then I could relate to that aspect then, I think yeah we became a bit closer because then we could relate to each other a little more, talk about more similar things so. Cause I don't really know her that well but and then that gave us a topic of conversation. (Jennika)

Many women also reported that they turned to their sisters during their pregnancies and early motherhood for guidance and support. Sororal relationships often became much stronger and closer. Danika Irwin's story of her interactions with her sister was typical of many: "she would be the person that I'd call when I was at my most down and I'd be in hysterics or whatever but she was great like she was 'okay it's going to be all right, you have a right to have these feelings and it's perfectly normal and everything else'."

Partnered women also encounter their mothers-in-law in a new capacity within the mothers' club. The mothers-in-law, especially of heterosexual mothers, are often very exited about the new babies and have a desire to be involved with the baby or, if they live at a distance, to be kept informed about the baby. In a situation where the relationship with the mother-in-law was already close, this new basis of shared experience could bring them even closer together. A few women reported that it was their mothers-in-law, more even than their own mothers, who became their primary sources of comfort, support and guidance. For women with already conflictual relationships with their mothers-in-law, however, this could be a period of increased tension. Some women complained about mothers-in-law who were "too proprietary" over their own "baby's baby." Madelaine Bell, for example, spoke of a mother-in-law who insisted on being present for the birth and on being the first person to touch the new baby, a baby she insisted was actually hers because it came from her own son. When Madelaine refused both these demands, an already uncomfortable relationship became even worse.

Madelaine Bell's is an extreme, and relatively rare, case. For most of the respondents and their mothers-in-law (from the respondents' perspectives anyway) the challenge was how to negotiate their relationship with each other and with the baby. All the women had a sense of becoming peers with their mothers-in-law and this put them on a new, equal footing in their interactions. Often this was accepted by the mothers-in-law but sometimes was another source of tension, especially if the new mother was claiming superior maternal knowledge that differed from that of the mother-in-law. Many women reported that they were now able to view their mothers-in-law's mothering with a new eye, either more appreciatively or more critically. Although some of these issues were also common between women and their mothers, relationships with mothers-in-law were not generally as intense, complex or immediate as relationships with mothers.

Many women also find their own grandmothers within the club but, as with stranger grandmothers, they generally do not dislodge their grandmothers from the grandmother role and recast them as mothers. New mothers' grandmothers are more likely to be seen as sources of nurturance and care, both for the new mother and the new baby, than as useful sources of mothering information. There was, however, sometimes a sense of greater connectedness with one's grandmother, a new understanding and appreciation of the grandmother's mothering experiences and a new ability to imagine what it would have been like to do the work of mothering several decades ago, with different resources and in a very different social context.

These experiences with family members can be true of any new mother but lesbian mothers tend to face sets of issues and challenges with their family members in addition to the ones discussed above (Dunne 2000; Hequembourg and Farrell 1999; Nelson 1996; Patterson 2000). If extended family members have been alienated or angered by their relative's lesbianism, a new baby might either increase or decrease the distance between them. A family that has made tentative peace with the lesbianism might be thrown back into crisis by the news of impending lesbian motherhood. A family that has been completely supportive, however, of both the lesbianism and of the particular relationship, might be just as happy as the family of a heterosexual couple that a new baby is joining them. This latter scenario, unfortunately, was the one I heard of the least and, when heard, was for more likely to be about the family of the gestational mother than about the family of the non-gestational mother[7]. The parents and siblings of gestational lesbian mothers are more likely than the parents and siblings of non-gestational lesbian mothers to see the new baby as, in some way, "theirs." For both gestational and non-gestational lesbian mothers, however, their motherhood status, if it is acknowledged by family members, might actually give them something in common with other mothering relatives and thus salvage relationships that were foundering on the assumption of insurmountable differences.

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[7] As has also been found by Hequembourg and Farrell 1999; Nelson 1996; Patterson, Hurt and Mason 1998. Many researchers (including Christensen 1997; Dalton and Bielby 2000; Hequembourg and Farrell 1999; Nelson 1996; Oswald 2002; Polikoff 1990; Sheppard 1992) have argued that these dynamics are created, facilitated or exacerbated by a lack of legal recognition or protection around lesbian relationships or around non-biological lesbian mothers and their children.

Partners

A partnered woman shares her journey into parenthood with her partner and some heterosexual women said that in addition to the presence of a mothers' club, there was also a parents' club to which they belonged with their partners. Certainly both members of a couple are experiencing profound shifts in status, in responsibilities, in sense of self, and are entering into a primary relationship with the new baby. Heterosexual mothers, however, are also moving into a cultural space that is not shared by their partners, a space, in fact, where the partners are a fairly common topic of discussion and might be cast as problems to be solved. Lesbian couples, on the other hand, enter the club together; even if the non-gestational mother has to sometimes fight for her place, neither becomes defined as the wholly non-mothering "other."

The most common account of partnered heterosexual women was that parenthood simultaneously rendered them and their partners closer in some ways, and farther apart in others. Holly Ming-Madsen's experiences were typical of a great many partnered heterosexual women. I first interviewed her when she was pregnant and she told me

> I turn to him (her husband Ivan) a lot. So feeling more, recently, more dependent on him than I used to be, just emotionally, um, which is probably hard for him I think cause I know he probably has as many

> anxieties as I do about, you know, what's to come in parenting and excitement. So there's been change. I don't know if I can rate it or, you know, say what it's been but it's just this whole getting ready, preparation and curiosity about what's going to happen, and the birth of course, like all the things that we need to prepare for that and, um, yeah it, it's changed, not drastically. I'd say it's been really interesting and neat to go through this with him.

When, after a few months of mothering, Holly spoke with me again, she told me:

> Yes it definitely has changed my relationship with Ivan, um, and as happy as we are and, you know, now there's three of us, I mourn sometimes for us not being just two of us and the spontaneity that we had and the . . . focus on each other and go out whenever we could and travel and, um, yeah, so it has changed and there are also so many positives too, like I love watching him play with Hannah and, you know, like bathing her and taking care of her and, you know I love him in different ways and more richly because of the that, um, but yeah it's, especially the early years, the early months with the baby are very intense. Like it's just because it's so demanding on, still, on sleep depravation, um, you know we just don't find the time as much and, um, the time that we do, you know, we're talking about her so, you know, I think the dates are so important to try to, you know, have, which we're also trying to have. We're going to start going out once every two weeks, you know, and we've talked about that and so, yeah, it does change and it did change and sometimes I'm a little bit sad but at the same time so happy with what the change is, you know, because I just love having Hannah around too but I, I think "boy if I knew that it was going to happen when it did" like I think we would have taken another grand trip or we would have, you know, done just so many little things, you know, that we can't so easily now.

She went on to discus some of the challenges she faced in her relationship with her husband:

> I think it's been hard because I have a little bit of jealousy and a little bit of resentment that, you know, I've got to be a little bit derailed professionally and yet at the same time I don't mind at all, but he gets to go on, you know. We should both be derailed but then that's not fair and, and I even thought I felt this when I was pregnant too. There were, you know, a few weeks where I discussed this with Ivan that I felt, I just had this niggly feeling that, that I was going to be jealous. Like I was trying to figure out how this was going to work, like 'you're going to keep going to work and then I'm

> going to be at home and you'll talk to all these interesting people and what if you get more stimulation out of them and have all these great academic conversations and they, you know, and then you come home and you know this wife has been home and you know,' like, like I really worried whether I was going to be an equal anymore.

Holly's story touches on themes that were common to many of the partnered heterosexual mothers. Many spoke of having less time alone with their partners and of being so tired that even time that was spent together was not generally "quality" time. It was likely to be spent unwinding, for example by watching television or talking about the baby. Several women said they had to exert an effort to find topics of discussion other than the baby. Jill Hobart told me that motherhood had changed her relationship with her husband:

> Sometimes I think for the better just cause we both have this thing to love. Ah, other times, you know, we don't have time to spend with each other anymore. We're both tired. . . . For example we went out for lunch and the two of us sat there and first of all we talked about Sam and then all of a sudden we just kind of sat there looking, like not saying anything and I said to him 'oh my gosh, you know, I don't want to be one of those people that all they can talk about is their kids and then they can't talk about anything else.' And so we had a few realizations like that, you know, so it has, um, I guess time will tell if it gets better or worse. It's too early to tell right now.

Some women had worried, when pregnant, that the baby would come between them and their husbands. There were several related concerns here: that baby-care would deplete all the time and energy the couple had for each other, that the mother would love the baby at the expense of her love for her husband or that her husband would love the baby at the expense of his love for her. These fears often materialised into issues that the women did indeed have to deal with, even if they materialized in unexpected forms. Kate

Thompson, for example, told me

> I remember when I was pregnant saying to my husband 'well, I don't ever want this baby to come between us, and if I ever had to choose, I would choose you over the baby.' And now, forget it, baby is number one. I would leave my husband in a second for my son. I wouldn't even question that. My son is so much more, I feel so much more responsibility for him. My husband's a grown-up, he can take care of himself, I'm not going to baby him. I have a real baby in the house now and I'm going to take care of him.

Shira Mencken remembered of her pregnancy: "I was worried that when he had his baby, baby was going to be the centre of his attention, of his life, and I was going to become second. And I think that the opposite has happened." She told me "I'm with her all the day. We're attached at the hip pretty much and yeah she's become a huge part of my life and I think our (marital) relationship has perhaps suffered a teeny bit because of it. Hate to say it, but it's true, but I don't see how it couldn't." Sunny Hanson's fear that her husband and baby would essentially leave her for each other did not transform after the birth but continued to haunt her:

> His limitless patience, even now with her, the first couple of times she started to cry and couldn't easily be settled, I'd fall apart immediately. 'Oh my goodness, I don't know what to do.' I'd weep and of course that does not help at all. He could walk with her and sing with her and just be on . . . and do the dishes and all of that stuff. For him it was . . . it would be what he would do, he just fell into it immediately. There didn't seem to me to be any kind of . . . I'm sure that he's going through a transition, you know. This is an actual transition for him too. He seemed to pick up with it so naturally and I don't feel that I necessarily feel as natural about the whole process. So then you think 'oh he doesn't need me.' The only reason he needs me is to feed her and technically there are other ways of doing that. So again, the fear of losing the relationship with him and losing (her) . . . and that she would be with him.

Challenges notwithstanding, several women reported that parenthood strengthened their relationships with their male partners. Anne Isely said of her husband:

> He hasn't been ready to have a family. He wasn't . . . it was his opinion that it wasn't a good time to start trying to have a family. He kind of went along with it because I was so desperate for so long to try and have a baby. So he finally just conceded one day. So he wasn't really on board right from the beginning. He was just kind of like going along with it. But his response to being a father, surprised him immensely. He loves it and he's expressed to me that his love . . . the love that he feels for me has grown so much because I gave him this beautiful gift. That I encouraged him to get to this point in his life. He said, 'if I had known how great it would have been, I would have done it the day I met you. We would have started trying right then,' but he didn't know how great it would be. If he would have known how much fun it would be and how rewarding it would be . . . so he's a much happier person. He's much more fulfilled, he's much more . . . he admits it freely that he's much happier now than he has been in his entire life because of our child. I get the benefits of that too. He's happier, we're happier, the family is happier . . . so it's been awesome.

Although parenthood strengthened some aspects of the partner relationships of the heterosexual women who spoke with me, there was one very common complaint: after the birth of the baby, the division of labour in the home changed toward a more gender-stereotypical arrangement.[8] Not all women reported this, and not all who did objected to it (MacDermid, Huston and Mchale 1990). Some women reported enjoying domestic work or thinking it was fair that if their husbands were going out to work that they would take on more of the housekeeping work. Yvonne Estrup, for example, told me

> I don't miss getting up and going to work and, ah, um, I mean I like doing the laundry . . . and I knew I would because, I don't know, it's just, you know, I always liked doing those things before so I didn't, I don't, I don't resent that I'm the one who does the dishes now or, you know, things like

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[8] This is by no means a new finding. Researchers have consistently been finding this over the last few decades. Some of the most recent work includes: Cowan and Cowan 1987; Croghan 1992; Fox 2001; Kluwer, Heesink and van de Vliert 2002; Larossa 1998; MacDermid, Huston and Mchale 1990; Sanchez and Thomson 1997.

> that. So I mean I like that part of it a lot and I mean I like spending time with her.

Some women enjoyed doing more housework than they had done previously, especially if their partners were home, because it gave them a little bit of baby-free time (Fox 2001). Dallis Wilson reported that "partly it's just kind of become my job to do it as a, you know, as a stay-at-home mom, that's what you do, you clean the house or something. But it is kind of a relief to leave him with Everett and just be by myself with my own thoughts and wash the dishes."

Sentiments such as these were the minority, however. A great many of the partnered heterosexual women who spoke with me were, to some degree, distressed with the shift in domestic labour that accompanied motherhood. Jane Larson was one of several women who were unhappy with the imbalance of domestic labour with their husbands and who said that this was a common complaint among their mothering friends. After I interviewed her she told her husband what she had said to me about their division of labour. She wrote a letter to me to fill me in:

> I was honest and told him I thought it was shitty. He flipped. He cleans the kitchen every night after supper, he tidies up after us when he gets home, he cleans bathrooms etc. . . . As time goes on I find this female/male household chore sharing, or not sharing, a big problem - but universal. Yes Michael does do some things but what about laundry (3 loads a day), putting old away and new (big) stuff out, writing his relatives in Germany with photos, getting groceries (have you ever hauled groceries and a baby upstairs), getting photos developed, dated and stored, writing in her journal and on her calendar, cooking, cleaning, changing diapers (he has not changed any regularly since she was 2 months old). Did you find this a problem in your research?

I did indeed find this in my research, although there were some variations in the complaints. Several women reported that their husbands were willing enough to take a share of child-care but that they approached this task very differently than did the mothers. Kate Thompson told me:

> when my husband is taking care of Jonathan he is watching TV and Jonathan is either watching TV or playing or running around the house or whatever but, and literally that's how my husband takes care of Jonathan. When I take care of Jonathan I'm washing clothes, and washing dishes and whatever, you know, reading to him and I'm taking him to the park and whatever, going for rides in the stroller. I do stuff, I'm constantly doing stuff, it's either with him, my son directly, or trying to get my house back in order, which is hard because I'm working anyway.

Other women reported that their husbands would "help out" if they were told what needed to be done; they were not directly involved in the mental administration of the home[9]. As Doreen Franklin said "you need to kind of tell them, coach them almost, it's not necessarily intuitive."

Some women found that their husbands were actually more willing to be involved in the housework now that there was a baby; it appeared that they found it more palatable to labour for the baby rather than at their wives' behest. Anne Isley said of her husband "he's doing more and more willingly too. He used to resent it. He was like kind of 'whoa, gross job' but now because it's for Patrick, he's happy to make bottles or clean the bathroom if Patrick's going to have a bath. Happy to change Patrick's sheets or happy . . . if it involves Patrick, it's a good thing to do."

All of the partnered heterosexual women who spoke with me reported changes in their relationships with their partners. The joy of co-creating, or adopting, a baby and the renewed closeness that experience might bring was often offset by having less time to spend together, by conflicts around house and child care, and by husband and wife coming to exist, in some ways, in separate realms. Very few of the male partners had taken, or been able to take, parental leave of longer than a few days so the new mothers were left at home alone with the babies, while partners returned to work, very soon after the birth. The mothers' club thus became one of the primary sources of companionship for new mothers. It is here that they can share the challenges and triumphs both of mothering and of negotiating the complexities of their partner relationships.[10] In this sense, the partner relationship is brought into the culture, but in a very significant way, the culture of motherhood is also brought into the partner relationship.

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[9] Walzer (1996) refers to this as "mental labor" which she says includes worrying about the baby, processing childcare-related information (from numerous sources), and managing the division of household and parenting labour (for example by delegating tasks).

Lesbian couples face many of the same challenges. They reported having too little sleep, focussing more on the children than on each other (especially early in motherhood) and having less time to spend together. Similar to heterosexual mothers, they reported that motherhood contributes to their relationships in some ways and detracts in others. Kerry Thibault told me

> Ora and I have become really, really, really close . . . emotionally, you

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[10] Walzer, 1996, who spoke above about the fact that the mental labour of parenthood is most often performed by mothers, argues that this work is generally perceived by male partners as simply natural to women and thus not requiring any effort, skill, appreciation or thanks. Of the worrying that is a component of the mental labour, she reports: "Mothers in my sample were not necessarily appreciated and were even criticized by their partners for worrying (228)." This points in part to the value of contact with other mothers who are most likely to appreciate, understand and value the labour (physical, mental and emotional) of new mothers.

> know. Our sex life is gone, like the intimacy is, like, intimacy is talking with each other and being close and sharing everything and, we're getting along fantastic. We have the same goals and we have similar parenting and we want the same things you know but that's taking up every speck, you know. Like we realize, we talk about it now quite a bit.

Her partner Ora Davis concurred:

> I think it has made our relationship more honest, way more forgiving. I think we are way more forgiving of each other, um, because we just know sometimes we're all too tired. And I think the only thing it's really done, it's really put a huge damper on our sex life because we just don't work on it hard enough. We know that's something we need to work on and we just keep putting it off. And we would both say that it's a problem . . . if we could once a week we're going to be laughing.

Kirby Evans and her partner, Mandy Evans-Robert had similar experiences:

> What it does is it really makes you struggle to keep your relationship together, I don't want to say keep it together, but keep the romantic part of it going. Because you have this new person who requires so much attention. And you want to give it to them too, which is even worse, cause you're so in awe of this child. (Kirby)

> We even say we're not as intimate as we were before. We know why and at least we're talking about we know why and it won't be forever and you know. (Mandy)

Lesbian mothering couples also have different experiences from heterosexual mothers with their partners. Both partners are becoming mothers and so have an intimate companion on their journey into the mothers' club. The club then does not represent a space outside of their relationship, within which their relationship gets discussed. This is not to say that lesbians do not discuss their relationships with friends, even mothering friends. And certainly, the members of a mothering lesbian couple could each be connected with different sets of other mothers. It is significant, however, that neither member is an actual outsider to the club and thus cannot be discussed as one who could not possibly understand what mothering is all about.

A lesbian couple shares not just the experience of becoming a mother but the experience of becoming a lesbian mother in a largely homophobic society. A couple who have been able to maintain a low profile, if that is what they chose to do, would find it impossible to share mothering and be closeted. A lesbian couple thus becomes more vulnerable and more needful of support when they become mothers. They must rely on each other and their relationship must be able to withstand the increased psycho-emotional demands placed upon it (Dalton and Bielby 2000; D'Augelli, Hershberger and Pikington 1998; Hequembourg and Farrell 1999; Nelson 1996; Oswald 2002).

Consistent with prior research (including Bell and Weinberg 1978; Blumstein and Schwartz 1983; Dunne 1998, 2000; Green, Bettinger and Zacks 1996; Kurdek 1995; Nelson 1996: Patterson 2000; Peplau 1991; Sullivan 1996; Tasker and Golombek 1998) showing that lesbian couples tend to be strongly committed to egalitarian relationships, the lesbian women who spoke with me reported that the division of labour in the home did not get split in unbalanced or gender-stereotypical ways.[11] Partners reported sharing both the mothering tasks and the homecare tasks. Even if one partner was employed outside the home while the other was home with the baby(ies), both continued to both parent and attend to housekeeping tasks. This included the mental administration of the home, with neither partner having to be told what needed to be done. Kendra Young's description of her arrangement with her partner Brooke Ingraham was typical:

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[11] This is not to say that such divisions of labour never occur in lesbian relationships. Sullivan (1996), for example, found that a very small minority of lesbian mothering couples did choose a gender-stereotypical division of labour, with the stay-at-home mother-housewives often expressing many of the same dissatisfactions that we hear from heterosexual wives and mothers in other research.

> I'll come home and the laundry's done, or the dinner's made, or the girls, Brooke tends to bath the girls more than I do cause it hurts my back. Cause she's stronger than I am. So we have divisions like that, you know. Brooke takes care of the garbage. I don't do garbage, but I cut the grass. Like we do have, they're not down the line. I do most of the cooking, I do most of the house stuff, but with me going back to work casually that's certainly been. And I don't even have to think about it, but it's done. I don't have to say 'Brooke, can you please do the dishes.' I would never even have to think about that.

This is not to say that lesbian couples always share housework equally, but that they seem more likely than heterosexual couples to divide the labour in mutually satisfactory ways.[12]

The recurring painful issue for the lesbian mothers was the perceived loss of intimacy with their partners that occurred with motherhood. Certainly, some of the heterosexual mothers also spoke of this but rarely with the anguish with which the lesbian women spoke. One of the questions I asked the participants was whether there was anything they disliked about motherhood. None of the heterosexual mothers answered this question by talking about increased distance from their partners. Several of the lesbian mothers did, with a couple of women moved to tears by the pain of the experience. Research (Green, Bettinger and Zacks 1996) comparing heterosexual, lesbian and gay male relationships has shown that, of the three types of relationships, lesbian relationships tend to be the most intimate and intensely bonded. Green, Bettinger and Zacks (1996:223) found that "lesbian couples have a tendency to be exceptionally flexible, close and satisfied with their relationships as compared with other [gay male and heterosexual] couples." Several researchers (Burch 1982,1986; Mencher 1990; Zacks, Green and Marrow 1988) have discussed the tendency toward "mergence" in lesbian relationships. It is possible, therefore, that lesbian couples have a different sort of intimacy to begin with and that they feel its loss more acutely. That loss can only be exacerbated by lack of familial and societal support and recognition for their families. Brooke Ingraham told me "I think women do connect very differently than heterosexuals so, um, it is, it is a significant loss and I know Kendra and I have spoken about it a number of times." Kyla Iverson was very upset about this change in her relationship with Devon Coombs:

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[12] This includes childcare, housework and paid employment. Several researchers (Chan, Brooks, Raboy and Patterson 1998; Dalton and Bielby 2000; Dunne 2000; Nelson 1996; Sullivan 1996) have found that lesbian mothers show marked fluidity in their paid employment, with both partners often willing to work part-time or alternating shifts/seasons so that time with the child(ren) and housework can be shared. As Dunne (2000) points out, this means that each lesbian partner ends up performing less housework than many partnered heterosexual mothers.

> It's been a year and a half and it's, um, I guess there was sort of a realization that we were so, we almost had a honeymoon period of like 6 or 7 years and now it's like will we ever have that back again. We were so focussed on each other and maybe that itself wasn't a good thing so it'll take us a while to, we know that we're really good moms right now but we just don't have that same strong relationship together that we had.

For all the partnered women who spoke with me, whether they shared mothering with other women or did not, becoming a mother brought about profound changes in their partner relationships. These relationships had to be realigned around the demands of parenting a baby and around the new statuses occupied by both partners. Women's entrée into the culture of motherhood sometimes alleviated the strains on their partner relationships and sometimes was the very thing that took women into a different social space than that occupied by their partners.

My Mother, My Self

For expectant[13] and new mothers, motherhood is no longer the abstract set of beliefs and values about mothers and mothering absorbed from the larger culture and embodied in one form or other by their own mothers. Nor is it any longer something of which the woman is only the recipient. Women becoming mothers must figure out how to navigate through the cultural constructions of motherhood, to this point in their lives embodied, for many, most immediately by their own mothers. Deciding what sort of mother to be requires reflecting both on social constructions and expectations of mothers and on the mothering of which one has been the recipient. No woman who spoke with me reported that her relationship with her mother, if she had one, was unchanged by her own journey into motherhood. Let us begin by looking at aspects of the social constructions of motherhood that each new mother must negotiate for herself, and her realization that her own mother must also have done so, even if contemporary constructions differ in some ways from those prevalent at the time her mother was mothering babies and infants.

If grandmothers are largely invisible members of Canadian society, to whom little attention is paid and from whom little is expected, mothers are the opposite. Mothers receive a great deal of attention in the popular culture and are the subject of innumerable self-help books; there is tremendous concern about making sure that mothers are doing the job of mothering properly. Mothers are held responsible for what are cast as their own personal reproductive decisions and for the conflicts that might emerge from them (such as conflicts between family obligations and paid employment). Mothers are also held responsible for the problems and difficulties their offspring might encounter, either as children or later in life. We expect children to need their mothers: as a culture we remain ambivalent about mothers who are employed outside the home; we have elaborate theories of infant-mother bonding that, if practised, require tremendous amounts of time and energy on the part of mothers; increasingly, during the last couple of decades, breast-feeding has been promoted as best for the baby's physical, mental and emotional health and as a technique in establishing that all-important mother-infant bond.

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[13] By "expectant" I mean any woman who is expecting to become a mother in the near future, whether through her own or her partner's pregnancy, adoption or any other means.

Mothering has been constructed as an extremely consuming job, requiring much of a woman's time, energy and attention, and children have been constructed as people who need this sort of care and attention in order to develop healthily. Our hegemonic construction of "adult," however, is, in part, a person who is independent of their mother. The "healthy mother," likewise, willingly devotes her energies to her children until they are ready to leave the nest at which time she is able to let them go, no recriminations, or indebtedness to her, weighing down their fledgling wings. She will be cast as pathologically negligent if she leaves them or lets them go too soon, and as dangerously neurotic if she tries to hold on to them for too long. We require these labours of mothers (in general and of our own mothers in particular) and yet hate them if they find the labour difficult or for trying to negotiate new ways of being mothers.

As a culture we disparage, even reject, mothers and mothering. Mothers are relegated to the "private sphere" where they are expected to labour purely for the love of it, as if motherhood is a consuming hobby and not one of the primary means by which human society itself is reproduced. There are virtually no accommodations in public spaces for mothers apart from occasional baby-change tables in public washrooms. By the same token, shared parenting is not supported by the mass provision of baby-change tables in men's washrooms. There are almost no nursing rooms in public places, although mothers have been quite successful at reclaiming public space itself as nursing space. Nonetheless, many women remain uncomfortable with this. For the most part, public walkways, points of access and public transit have not been designed with the woman-with-stroller in mind.

We are encouraged, by many facets of Canadian culture, to differentiate ourselves from our mothers. For a man, this can be possible on the basis of sex differentiation. For a woman, this can be complicated by the fact that she is the same sex/gender as her mother but if she is not a mother herself, she can be assured that at least she has not *become* her own mother. While not every woman feels horror at the thought of becoming her own mother, I would suggest that this notion is a spectre in the closet of Canadian culture. When a woman embarks on the journey into motherhood, she can feel like she has thrown open that closet door to be greeted by her own mother joyfully proclaiming "congratulations honey, welcome to being me." "Being me" in this instance refers to being like her mother, in terms of personality, temperament and parenting practices; to now being subjected to the same sorts of expectations she has had of her own mother; and to occupying the same, ambivalently valued space, in the larger society. New mothers must negotiate these complexities as they experience sometimes profound changes in their relationships with their mothers.

Several women told me that their relationships with their mothers had gotten closer and better since the announcement of their pregnancies.[14] For many women, their own mothers are the first people, after their partners (sometimes before), whom they tell about their pregnancies. Many women considered their mothers important sources of information, believing that they might gain insight into their own possible birth experiences by learning about their mothers'. At the same time, as mentioned in chapter three, many women considered their mothers' experiences, and even parenting philosophies, distinctly outdated. When Dallis Wilson was pregnant she told me

> I think I'm more uptight with her (her mother) because I don't want to ever, her to feel like I am passing judgement on her but I can't make all the same decisions she made. I'm a different person so I think that with her. On the one hand I like talking to her because she had me and she's my biological connection and she can tell me all kinds of things about what it was like for her that it will probably be like for me. And all her labours were short and they didn't hurt that much . . . but I think in terms of the whole decision-making I'm very reluctant to talk to her.

When Danika Irwin was pregnant she told me "I've asked my mother a few things and, ah, she's like, well with 31 and 28 years ago and you know she'll tell me a couple of things but I think it's different nowadays to be pregnant than it was back then."

Not surprisingly, many women reported that their mothers were very excited by the news of the pregnancy and offered emotional, material and practical support. Several women, whose mothers lived out-of-town, told me that their mothers came to stay with them for a short time, usually between a few days and two weeks, after the baby was born. Generally, their fathers were also there but it was the help and guidance of their mothers that was of the greatest value.[15] It is ironic that these mothers sometimes actually received more hands-on help from their mothers than did women whose mothers lived close by; in these instances it was very rare that a woman's mother would actually stay in the same house with her, although some new grandmothers did go over to the new mother's house every day to help out. Having one's own mother on hand was, for the most part, comforting for the women who experienced it. Shira Mencken said of her mother "she has been a tremendous help for me, especially at the beginning because I was not feeling good about for six, six weeks, six, eight weeks when I got home I still wasn't feeling good and she came every day." Shira elaborated:

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[14] Similarly, Bailey (1999) and Fox (2001) heard women say that with the advent of motherhood, their relationships with their own mothers became stronger and more important to them.

> She came every day, she cooked for me, she cleaned for me, she was my nanny. She helped with me, she took Razel and I would nap, she cooked Taylor and I dinners, she would run to Safeway and pick us up a bunch of stuff with pleasure. She did it with pleasure. She was awesome and I really, really needed her at the beginning and I think she was a bit sad when I was feeling better because she knew her job was sort of done like she really, she enjoyed it too. So she was so great and I really, really appreciated that.

Yvonne Estrup's mother came from out-of-town to stay with Yvonne:

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[15] Fox (2001) also found that the mothers of new mothers tend to offer a sizable amount of hands-on help. She points out, however, that, ironically, such intimate involvement by the grandmother can actually serve to reify the notion that baby-care is women's work and thus, in heterosexual families, encourage the new father to keep his distance.

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> I couldn't have done it without my mom here in the beginning. She did everything for us, cooked and cleaned and helped me look after her and I mean I can't imagine of, like of coming home to just the two of us, I think I would have been so overwhelmed. So yeah I was really happy she was here cause, ah, it was a little scary when you bring them home, it's just like 'okay now what?'

Several women said that in becoming mothers they felt they had become peers with their mothers and that they had grown closer to their mothers. Anne Isely, for example, said "I think that it has made our relationship better. First of all because I have a new respect for the affection that she gives to my child, the new bond that has been created with our family, but also we're all equal here so let's quit being the mother/daughter. Let's just be friends." For some lesbian mothers, on the other hand, becoming a mother could create greater distance with their mothers if their mothers rejected the daughters' lesbianism. Brooke Ingraham, for example, told me: "I think my mother had a hard time, and maybe still has a hard time, perceiving me as a mother. Um, I don't think she ever, ever incorporated that potential aspect into my existence. And I don't know why that was, um maybe because I was a lesbian she just kind of eliminated all those choices."

Some women spoke of gaining a new appreciation for their mothers once they knew what it was like to go through pregnancy, birth and mothering. Central to this understanding was a comprehension of the sacrifices their mothers had made and a knowledge of the love their mothers must have felt for them. The following four accounts were typical of many new mothers:

> I think I probably respect her more now than I used to . . . understand, she brought my brother and I up, she didn't go to work outside the home and

> although I always felt, even as a kid that I wanted to do that if I ever had kids, I think I respect that decision now more, that she did that. . . I think motherhood is a lot harder than I thought it would be. I think it's getting easier now but the first six weeks are not a lot of fun, you know. It's just overwhelming, it's amazing. And I think now I respect my mom for having stayed at home with us . . . I think I respect my mom more and know that it was a hard job. It is a hard job, and it's, it's kind of like give, give, give all the time. (Jane Larson)

> I give her credit now whereas before I took her maybe a little bit for granted, okay. She's done it, she did this and it's tough and so I give her credit for that. I know where she's coming from now. I know when she's concerned for me now where that's coming from. She really, really, really loves me, you know? So that's changed. (Shira Mencken)

> I have a deeper respect for what she did just because I think that, I don't think that you fully understand what your parents go through as parents until you go through it yourself so I mean in that respect I don't know how she did it. (Yvonne Estrup)

> When I went through labour, it wasn't that I didn't respect her before, I just had a new respect for her. After going though all that pain and I felt very bad for disrespecting her in the past. I felt that it was a very painful thing she went through and in Ghana they don't give you anything. You just go through, no medication nothing, and I thought that she went through that to have me and I wasn't a very obedient daughter. So I think that I have a new respect for her. (Grace Obetsebi)

For some women, their mothers were their role-models of good mothering whom they aspired to emulate. Danika Irwin told me:

> my mother didn't have a lot of money, like my mother and my step-father, um, but stuff like when I was sick or, or just, just little things when I was upset, when I was unhappy they were always, always there and that to me is what a good mother is. It's not one that gives them financially although that, I mean that's a good thing too, I don't want him to grow up destitute, um, but we always had enough food and, and like to this day when I get sick I want to go home to my mom.

Similarly, Kendra Young said of her mother:

> she's a good mother. Like that's why I wanted to be a mother. I liked our

> relationship. But we were more like friends though. Like I remember growing up and having wonderful memories with my mother, like games. I'd take time off school and we'd hang out together and we were, we were good pals. Like we'd hang out, and I'd like being with my mom. So I wanted, I think, that kind of relationship with a child, and I always thought I'd have a daughter.

Most of the women who spoke with me talked of falling passionately in love with their new babies,[16] an experience the intensity of which they had not anticipated. In their moment of falling in love with their babies was also the realization, perhaps for the first time in their lives, that their own mothers might actually have loved them like this. For several women, this made them feel much closer to their mothers. As Sunny Hanson said:

> It sure changes the perspective of your mom. Cause you know that your mom loves you and you love your mom but you don't know how your mom loves you. When you have this little helpless baby and it's yours. You made it and it's there with you all the time. You can't possibly imagine loving someone that much. You think, wow my mom loves me that much? Holy crow, that's really cool. Does she love me that much still?

For a couple of women who had conflictual relationships with their mothers, however, the intensity of the love they felt for their own babies alienated them farther from their mothers, who, if they had ever loved like this, were now more baffling than ever. Holly Ming-Madsen, who characterized her relationship with her mother as "empty" found this incomprehensible after she had given birth. She said "after falling in love with her (daughter) so deeply I couldn't imagine, and I still can't, you know, . . . like I can't, I can't imagine where does it go wrong, you know. The bond is so strong." Doreen Franklin also reported "after Kimber was born and I would look at her and I'd just think, 'God, my mom was like an even worse mom than I thought she was.' Once you have your own child . . . so that was really hard going through that stuff . . . I think it's definitely changed things."

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[16] This certainly does not necessarily happen right away, if at all. Many women reported that it took weeks or even months for this sort of love to develop.

Some women struggled with a need to differentiate themselves from their own mothers, a need brought to crisis-point by their own impending motherhood. It should be noted that this need can coexist with a need for guidance or assistance from, or a desire for the company of, one's mother. Some women achieved this differentiation by rejecting many of their mother's experiences and insights as outdated. Some rejected their mothers' mothering practices not on the basis of obsolescence but simply on the basis of now knowing better; contemporary new mothers have access to far more parenting information than did new mothers even twenty years ago and so a new mother today can easily convince herself that she is far better informed about parenting practices and philosophies than is her mother. Several women were able to differentiate themselves from their mothers by casting their mothers as crazy. Mandy Evans-Robert was by no means the only woman to express a sentiment such as the following:

> I think the only thing that I've always worried about being a parent is that my mom wasn't a good parent and I don't think my dad was either but, um, and I always feared that I would do what my mom did and I, and so for many years I didn't want to have children. But then I realized, I think my mom's mentally ill and so I realized that I don't have that mental illness, I hope I don't, and so then it, once I came to that realization, then I realized that, you know, and because I know, I'm aware of the wrong in a sense, so I knew that I wasn't going to do that.

Women can thus differentiate themselves from their mothers by mothering differently than their mothers did/do. For a couple of women this meant hoping that their first babies would be boys so that they could learn about mothering, and develop their own style of mothering, without falling into the mother-daughter dynamic with which they were most familiar. Dallis Wilson told me

> I hurt for my mom a lot. I wish I could, I think she's not very happy and I wish I could make her happier. But I think it's going to be difficult cause I, I almost, it feels like a boy to me and I've always thought it was a boy but I hope it's a boy because I want to deal with being a mom before I deal with the mother-daughter relationship. I think I have too many issues right now, like, I will always do this and I will never do this and I'm going to dress her like this, you now what I mean, and I just think I'd rather have a boy and get the whole like learning to make sure that they're healthy and happy thing out of the way first.

Holly Ming-Madsen also found herself hoping for a son during her pregnancy because she did not want to replicate the unsatisfactory relationship she had with her mother. Realizing she might have a daughter, she made herself look at what she was feeling:

> so for many reasons I wanted to have a boy first and then when I searched deeper there was the reason that just replicating my relationship with my mother with my birth date being the same time as around when this baby is due just I wanted to get as far away as possible from just the inkling of any parallel whatsoever. And I think over time I've just worked with it and talked about it with people and have been able to come to terms with, you know, I would be able to love a little girl and it would be fine and maybe it would be healing for me as well to go through that so you know I'm okay with it, I would love to have a boy or girl now, um, but yeah there are different issues around that.

Holly did have a daughter and found that in mothering her daughter differently than she had been mothered, in becoming the mother she had always wanted, she was able to heal some of the damage she attributed to her mother. She was thus able to create with her own daughter the mother-daughter relationship she had never been able to have with her mother. In this sense, her own mother was Holly's role model of how not to mother.

When a heterosexual woman enters the culture of motherhood, her own mother is generally the other member of the culture to whom she is most closely connected. For a partnered lesbian mother, that most intimate other is probably her partner. Even if their mothers are no longer alive, all women, if they have had a mother or mother-figure, must, when they enter the club, come to terms both with mothering in the abstract and with their own mothers. They enter a new space with their mothers that sets them apart from other non-mothering family members. They finally become peers with their mothers and are able, from a position of authority, to assess both their mother's mothering practices and the ways in which their mothers have negotiated the cultural constructions of motherhood.

Having examined in a general way the impact of new motherhood on a woman's relational world, I will go on, in the next chapter, to investigate more closely some of the relational and discursive substance within the culture of motherhood.

Chapter Five

"Welcome to the Stroller Derby[1]": In the Club

"As much as I gave her life, she gave me life.
It's a whole different world ...
It's a different world that you live in now" (Jane Hawke).

"If I see a stranger and she has a baby,
I feel connected to her" (Holly Ming-Madsen).

In this chapter I am going to draw out and join together some of the threads that have been running through previous chapters. We have examined women's embodied journeys into motherhood and the ways in which those journeys are articulated and mediated by and with other mothers. We have looked also at the rituals and rites of passage that mark the journey into embodied and non-embodied motherhood. We have considered the discursive construction of new motherhood in the form of exchange of birth and labour stories, and we have examined how women's relational worlds are reorganised by and within motherhood.

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[1] One of the participants, Isabella Morelli, gave me this phrase. She had seen it some years before on a greeting card and was so taken with it that she bought the card even though neither she nor anyone she knew was pregnant or a new mother at the time.

I will begin this chapter by more fully exploring the discursive world of motherhood, specifically in the form of hot topics of conversation. It is not unusual that a cultural group would have notions of appropriate and important topics for discussion or that people's positions on these issues would have significance both for how they are interpreted by others and how they construct their own senses of self. We will thus go on to look at the ways in which positions on the "hot topics" of motherhood can actually serve to divide mothers into ideological camps. I will then discuss the major themes that emerged in women's discussions of identity transitions as they became mothers. These identity transitions are inextricably linked with membership in the culture. Some of the transitions are actually precipitated by interactions with other mothers. In other instances, it is mothers who help to mediate the transitions, who assist in articulating and giving meaning to the transitions, and who provide the discursive space for the transitions to be meaningfully articulated by the women experiencing them. I will go on to examine what women told me about the degree, nature and value of the contact they have with other mothers. Having drawn out many of the major components of the cultural space of motherhood, I will conclude the chapter with an examination of what the women themselves told me about "the club" and their membership therein.

Hot Topics

As we have seen, beginning in pregnancy, new mothers enter an advice-sharing network, populated mostly by other mothers and pregnant women. Experience is the key here; she who has more experience is perceived as qualified to give advice to she who has less. Advice shared with new mothers often revolves around issues of body care, such as weight gain and loss, stretch marks, sexuality, and self-care and around preparing and caring for the baby. Sometimes such advice is unsolicited and sometimes it is given in what is felt to be an aggressive or insistent manner. As Judy Vidra explained, "some people were pretty adamant about their advice and wanted you to take it and consider it, sort of enforce it."

If the giving/receiving/exchanging of advice is one type of rhetorical encounter, then a related, but not identical, type of rhetorical encounter is the engagement with "hot topics." This refers to a sizable set of issues that pregnant women and new mothers are likely to discuss, even debate, with each other. When I asked the research participants to identify the "hot topics" of discussion among pregnant women and new mothers, they interpreted the designation of "hot" in two ways: as topics that were very popular for discussion and as topics that could be very contentious. I will discuss these hot topics in some detail because, as we will see shortly, the positions taken relative to these issues are integral to the formation of what might be called ideological camps among mothers.

There are several birth and mothering-related issues that expectant mothers (and their partners if they have them) need to start considering even before the arrival of the baby. Gestational parents need to decide where they will give birth and this is related to deciding what sort of pre and post-natal care they want to have. In Alberta, women have the choice of giving birth in hospitals, generally under the care of a doctor, or at home or in a birthing centre, generally under the care of a midwife. In rare instances, a midwife might be allowed to attend a hospital birth, but generally with a physician close at hand. A doula might be present to act as labour support at any of the birth locations. Generally, the hospital is associated with the medical model of pregnancy and birth whereas home and birthing centre deliveries are associated with an alternative, woman-centred model of pregnancy and birth.[2] These are fundamentally different approaches to pregnancy and birth and so the decision regarding birth location is a complex one; it represents the conceptual framework of pregnancy and birth with which the new parents are comfortable. This can be related to larger critical analyses of medicine and/or its alternatives; in my research, for example, women who had chosen midwife-attended births were more likely to consult a naturopath or homeopath rather than, or in addition to, a medical doctor and were more likely to seriously consider not vaccinating their children.

For some of the women who spoke with me (approximately 63% of the births), there was never a doubt that they would give birth in hospital. They trusted their doctors, and medical expertise in general, and perceived hospitals as the safest places to give birth. Several women mentioned that they briefly considered home-birth but did not feel comfortable pursuing it with a first baby. As Jennika Kovacs told me, "I thought, no, this is my first baby. If anything should go wrong then I don't, I don't trust being at home and I wouldn't feel at ease." This is the message pregnant women seem most likely to receive from other mothers, as well as from friends and family members. Bronte Campbell received the message very clearly:

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[2] I would argue that this generalisation remains largely true despite the efforts that have been made by hospitals in the past couple of decades to incorporate some "alternative" birthing practices into their procedures. Home-style birthing rooms, birthing chairs and birthing pools are examples. In informal discussions with labour nurses in Calgary and Edmonton, I have been told that these options are not used frequently, and some (such as the birthing chair) have been almost completely discarded; it can be difficult to incorporate these tools/practices into what is seen as the safe and efficient medical approach to birth.

> like my gut feeling was I want to have this kid at home, but whoever I talked to, which was not people who would ever have entertained the notion of the home birth anyway, were all saying 'oh no no, and if you are going to have a home birth, you won't want to do it with your first one because, oh no you've gotta make sure.'

Sylvie Tremblay did not experience such direct opposition to her consideration of a home-birth but she did not feel completely supported in her decision either:

> No friends thought that it was really crazy or anything. It's kind of funny because they look at you, or they kind of ask you questions, like you have no idea what's coming. It's like, 'oh we've been there and we've had the baby in the hospital and you have no idea the mess or you have no idea of the pain or whatever. Maybe once you have the baby you will realize that it's best to go to the hospital.' Because of the pain and the mess or whatever.

Women who chose midwife-assisted births (approximately 27% of births) were sceptical of the medical model of birth and were confident they were receiving a level of care not possible under conditions of medicalisation. Sylvie Tremblay continued:

> I had been looking into it . . . I knew people who have had babies at home and so I'd been looking into it before I was pregnant. Then when I got pregnant, I seriously started talking about it with my husband and did the research and found that it was better. In my opinion, as well as medically, for a normal pregnancy it is just as safe if not safer. Also getting to know a

> midwife, that kind of solidified it because I went to the doctor and it was a 15 minute visit. He was a man, not that I have a problem with male doctors, but it was just . . . maybe a woman doctor may have changed my mind, I don't know. It was just short . . . and then we went to talk to the midwife and it was like 2 hours. My husband and I asked our questions and it was just totally a different approach. We are pretty non-interventionist with our whole idea about medicine and you know, we just like to take the natural way.

We have seen how important birth experiences are in a woman's sense of her maternal identity and in her sense of her own efficacy. The question of birth location presents a significant quandary; in a culture that values medicine and the medical model of pregnancy and birth, some women may feel that they have to choose between what is considered best for the baby (hospital birth) and what might be most fulfilling for the mother (midwife-attended birth)[3]. Some women (approximately 10% of births), including a number who said they would have chosen a midwife-attended home-birth if they could have afforded the midwifery fee, chose what appears to increasingly be seen as the best of both worlds - a hospital birth with a doula as birth companion. This option combines the medical expertise and resources of the hospital setting with the woman-centred attentions of the birth companion.

Each birth-mother who spoke with me reported that she had made the birth-location decision that was best for her, her baby and her partner; no woman made this decision unthinkingly. This decision-making process before birth, and this detail of the birth stories after birth, remained sensitive and contentious. Although, as we have seen, there is an expectation, even valuing, of some degree of pain in the birth story, birth stories where the pain or anguish were considered excessive, or where the birth did not proceed according to plan, were often taken by women who had chosen a different birth location as an indictment of the location and support chosen. Hospital-birth mothers told me that when they heard of home births where medical intervention was necessary, they were affirmed in their decision to birth in a hospital. Reports of successful, even enjoyable home births were seen as anomalous, a lucky escape by one who had been courting disaster. Home-birth mothers, hearing stories of home births with complications, or medical interventions, saw these as unfortunate experiences for the mothers involved, and as proof that nature is unpredictable, but did not waver in their conviction that home birth was both safe and enjoyable; positive home birth experiences were seen as the norm and the ones requiring medical intervention as the anomalies (which they were).

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[3] Views like these tend to originate from the medicalised perspective of birth. Women who support midwife-attended births, and midwives themselves, generally do not see a conflict; the midwife-attended birth is seen as best for both baby and mother.

On the other hand, hospital-birth mothers who reported excessively long or painful labours, the use of pain-killing medication, the use of forceps or vacuum extractors, being induced, or having a foetal monitor attached to them, were often perceived by home-birth mothers as submitting to unnecessary and coercive medical intervention. If they reported that their doctor's visits were generally short and hurried, that their doctor appeared, in the hospital, only at the moment of birth, or that their own doctor was not the one who was present for the birth, this provided for home-birth mothers further evidence of the lack of a woman-centred, or even human-centred, approach on the part of medicine. Although hospital-birth mothers might have been very upset by these experiences, they generally did not use them to indict the medical industry.

They might have blamed particular parties (for example, an "unfeeling" nurse or a harried doctor) but generally continued to believe that the hospital was the best place to give birth. Many of the interventions were interpreted as medically sound decisions and most hospital-birth mothers continued to trust the authority of the doctors and nurses.

These are the perspectives mothers shared with me but they are also the perspectives they share with each other. The decision of birth location is a complicated one and women seek affirmation of the decisions they have made. This puts another weight on the birth stories that are shared. Women can very rightly feel that their own character, intelligence and moral worth are being judged by those who listen to their birth stories. They spoke to me about feeling alienated or offended by some of the responses to their birth stories and, for some, this made them more careful about how they told their stories or to whom they told them.

There are other decisions that prospective parents need to start considering prior to birth or adoption and that are compelling topics of discussion among pregnant women and other mothers. One of these is circumcision. Parents who know they will, or might, have a son will be asked, and possibly quite frequently, whether they plan to have their son circumcised. The overwhelming consensus among the partnered heterosexual women with whom I spoke was that this is a decision for the father to make. Yvonne Brown told me: "most women that I've talked to that are pregnant, ah, will say 'well it's up to my husband, whatever he is or whatever he decides.'" Many women told me that their male partners wanted their sons to "look like" them in this regard.[4] Danika Irwin's explanation was typical:

> I just would have done that but Bart isn't and it's his son and, to me, if he wants his kid to look like him in the shower, that's his business. Like if it was a girl and I wanted to put her hair up in like a million braids because I did that when I was little, I'm expecting the same thing. Yeah that's one thing that I don't think the woman should decide. I think that's up to the father.

Expectant lesbian mothers, on the other hand, might choose to consult male friends or relatives, or the sperm donor/father, if known and involved, to find out their preferences or to try to get a sense of what the locker-room norm might be. They might also do some research into the arguments for and against circumcision. Only a couple of women in the total sample mentioned that their reasons for choosing circumcision were primarily religious.

Circumcision is a "hot topic" in the sense that it gets a lot of talk-time but it is not generally a contentious issue among mothers because, apparently, any decision is defensible, especially since, in many cases, it was not really the mother's decision anyway. What might be contentious would be a mother reporting to other mothers that she had gone against what her male partner had desired but none of the women who spoke with me reported either having done this or having encountered a woman who had.

Pregnant women also start being inundated with pro-breast-feeding messages. These messages come from the media, from advice books, from medical practitioners, midwives and doulas, and from other mothers. It is only within this latter group, other mothers, that there is sometimes a little room for ambivalence, questioning, or sharing stories of suffering. The consistent message from other sources is that breast-feeding is healthiest for babies, in terms of nutrition and immune-system building, and contributes to mother-infant bonding. In the larger Canadian culture, breast-feeding is presented as something that the "good mother" will certainly do, or try to do (Schmeid and Lupton 2001; Stearns 1999; Wall 2001). Kate Thompson told me:

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[4] Brodbar-Nemzer, Conrad and Tenenbaum (1987) also found that the desire to have a son look like his father, in terms of circumcision, was an extremely compelling factor in parents' circumcision decision-making.

> Breastfeeding has become much more acceptable. It's the best thing to do now, you don't even, you know if you can, if you can do it, you do it, kind of thing. That certainly is pushed by the doctor from day one and the prenatal classes and that was great. I never worried about it. I said 'yep if that's the best thing for the baby then that's what we'll do.' But I'm glad it's over.

This admission, of relief that breast-feeding was over was not uncommon but was always told to me as if it was a shameful admission. I am not suggesting that there are not many women who enjoy breast-feeding and are sorry to see it end although, even here, there are limits to what is considered acceptable. Women who are very pro-breast-feeding and believe that the baby should breast-feed for several years, possibly until it weans itself, reported being viewed by many other mothers as mothers who are unhealthily over-connected with their babies. Most of the women who spoke with me said that one year of breast-feeding is the figure with which other mothers seem to be most comfortable, although deviation of six months on either side of that would not raise too many eyebrows.

Just as some women find it difficult to admit relief at weaning, several reported that they were really not allowed to consider foregoing breastfeeding in the first place. Although they might receive negative responses from other mothers and pregnant women if they try to broach this topic, the greatest source of felt coercion was medical practitioners and other caregivers. Jane Hawke told me: "the hospitals really push it. To the point where if you don't breastfeed, you are just glared at in some cases. My experience in the hospital was a nightmare. An absolute nightmare."

Several women reported being strongly encouraged by care-givers, such as doctors, nurses and midwives, to keep attempting to nurse even if they developed infections, cysts, cracked nipples or diminution of milk supply. Women spoke to me about babies swallowing blood or pus with the milk and one mother experienced her baby actually swallowing a piece of her nipple that had cracked off. These might be relatively normal and harmless events in the annals of breastfeeding but the women who spoke of them were discomfited, dismayed and, sometimes, in considerable pain. The need for mother's milk has been constructed as one that supercedes the mother's needs for physical comfort; in fact concerns for physical comfort can be seen as a petty indulgence in the face of what are perceived to be the baby's survival needs. Since the "good mother" of Canadian society places the baby's needs above all others', especially her own, the mother who admits to negative feelings about breastfeeding might be perceived, or reasonably fear being perceived, as a bad mother. As we will see shortly when examining the topics that mothers do and do not feel comfortable discussing with other mothers, there is a difficult negotiation around discussions of breastfeeding. Other mothers, the ones who would ideally be best able to discuss the many possible experiences of breastfeeding, are also sometimes seen as the jury of peers who are judging any one mother's ability and willingness to properly breastfeed.

Almost all of the mothers who spoke with me had been employed or had been students prior to becoming pregnant. Although a small minority had decided ahead of time that they would stay home with the baby, and future children, for a number of years, most had anticipated returning to their previous vocations. The decision-making here was a discussion topic of considerable interest starting in pregnancy. Jill Hobart's answer to my question about hot topics of conversation during pregnancy was not unusual: "I think the work/non-work, that one, even before the baby was born, 'are you going back to work?' You know people would ask about that one."

For many mothers, even those who decide quickly, and apparently easily, in early pregnancy, what they want to do, this is a complex and difficult question. Obviously, it is related to considerations about breastfeeding; a woman who wants to return to paid, outside work must be prepared to wean the baby, pump and store breast milk or leave work to feed the baby several times a day. Most work places, and many job descriptions, would have a difficult time accommodating the latter two of these options.

This was a difficult decision for many women and some found that their desires changed after they had given birth. Shira Mencken's story was not unique:

> I was full time but I took mat leave to have her with the intentions of going back. Now I don't want to go back. Well it's not that I don't want to, um, but I want to be very, very part-time and I think they're looking for more full-time obviously and so it may not work. But they know if they ever need me to fill in to call me, my door is open to them.

A few of the women who decided they did not want to go back to work after all were forced by economic circumstance to do so anyway.

There were also many women, including a couple who had thought they would want to stay home, who were very happy to return to paid work. Several said that they thought their jobs kept them balanced and well-rounded, making them better mothers in the long run. Kyla Iverson's sentiments, and sometimes her exact words, were echoed by several women:

> I love my work and Devin loves her work. Neither of us wants to be a stay-at-home mom and it's not because we don't love Slade, it's because we feel like if we have an outlet for something that makes us feel like we're more whole people that when we do come home to Slade we can be such effective and good mothers compared to being with him 24 hours a day. At least I know for me that that is the case, that I would not be as good a mother if I was with him all the time cause he just takes an incredible amount of energy, your typical little boy.

As with Kyla's account, it was not unusual for women to couch their desire to return to paid work in terms of good mothering, as if a woman's own desires, interests and needs are not reason enough to return to a much enjoyed job. Apparently if a mother wants to engage in an activity that will separate her from her baby, the only (possibly) justifiable reason is if it is in the baby's own best interests that she do so. I would say that this message is ubiquitous in Canadian society and popular culture and that mothers are only one group who convey it to other mothers. Dallis Wilson summed up the dilemma: "everybody seems to think I'm a terrible, unnatural mother but I'm so looking forward to going back to work. I'll miss him like crazy but I miss my job."

A theme that emerged in the interviews was that the back-to-work mothers felt negatively judged by the stay-at-home mothers and the stay-at-home mothers also felt judged, sometimes by employed mothers, more often by that nebulous entity, "feminists." Actual feminist positions on stay-at-home mothering have always been varied and complex, and feminists have rarely outright rejected a choice that a woman is able to make freely, whether it is to pursue employment, stay at home and mother, some combination of the two or something else altogether. What is significant is the pervasive sense among mothers of being under surveillance and of constantly being evaluated, generally negatively. I will pick up this thread shortly and explore it more fully.

A conversation topic that is becoming increasingly hot among expectant and new mothers is whether to vaccinate the baby. Although the majority of mothers who spoke with me had not encountered this debate, and the majority had vaccinated or planned to, there was a sizable minority who were engaged in the debate, many of whom had delayed or decided against vaccination. It appears that the women who had midwife-assisted births were the most likely to also question this aspect of medicalisation, although this is certainly not always the case, and those who investigate the issue do not always decide against vaccination. Eva Nichols, for example, told me:

> You find a lot more people who don't immunize their children in the circle of people that use midwives and things like that because they have more of a tendency to be in the natural way of thinking. I am too for a lot of things but I know . . . I'm resigned to say "no, for the most part, it works." There is a chance that your child could have a bad reaction. We were a little nervous the first time we took him.

For those who are engaged in this debate, the topic can get truly heated. Those who are against vaccination often feel very strongly that the dangers of vaccination far outweigh any possible benefits and that the decision to vaccinate a baby borders on unconscionable. Similarly, pro-vaccination parents believe that it is a morally irresponsible risk to the health of one's child, as well as of others, to forego vaccination. Each side is able to find evidence to back up their claims and I expect that this debate will continue to grow with fewer parents being able to simply follow the norm of vaccinating, oblivious to the fact that the debate exists. At this point in time, however, the parents on the anti-vaccination side of the argument feel as if they are in a tenuous and vulnerable position. Judy Vidra told me: "I don't know if I feel comfortable saying we have not vaccinated her and we're still doing a lot of research into that and, um, we disagreed with our pediatrician so we're taking some flack right now, but we have not immunized so we've just been kind of side tracking the whole issue." Kyla Iverson explained that the vaccination issue was sometimes a more contentious topic than her lesbian motherhood: "when it came to being good mothers . . . that would be worse than coming out as a lesbian, saying that to (Devin's) sister. If she knew that Slade wasn't vaccinated, she would be, that would be an incredibly horrible thing that you could do to your child."

Other topics of conversation that get a lot of air time among expectant and new mothers include cloth versus disposable diapers; babies' dietary needs; teething; colic; toilet training; the advisability of involving babies and toddlers in groups and activities, such as swimming or playgroups; baby poop - how much, how often and what it looks like; sleep patterns; discipline - when to begin, spanking or not, time-out or something else; and demand versus scheduled feeding. In addition, lesbian mothers of donor-insemination babies are likely to discuss, especially with other lesbian mothers, the degree and nature of involvement, with the family, of the sperm donor, if known; the sorts of legal protections that can be built around the family; and the various complexities around coming out in the numerous new social situations into which motherhood places one. Many mothers, whether lesbian or heterosexual, single or partnered, also reported that a popular topic of conversation among new mothers is having time to one's self. For many new mothers it is a genuine challenge to figure out how to achieve a few moments of solitude in a day and many reported feeling as if the desire for solitude might be stigmatising, another sign of a bad mother.

Of the various topics of concern to new mothers, there are some that they would prefer to discuss with other mothers over anyone else. According to the women who spoke with me, these topics include pregnancy dreams, baby poop, labour and birth stories, breast-feeding, relationships with partners, sleepless nights, and circumcision. These are many of the experiences and issues that women told me only another mother can truly understand and appreciate. Nonetheless, there are other issues that mothers might be best suited to understand that women said they did not feel comfortable discussing with other mothers. Some had to do with decisions that women were making about their own lives, for example to return to work. Judy Vidra told me that this was a topic she could not discuss with other La Leche League[5] mothers:

> I guess, you know, the ladies at the La Leche League, I mean they're all

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[5] La Leche League is an international pro-breastfeeding organisation with many regional branches and groups. According to their website (http://lalecheleague.org), their mission statement is "to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother."

> stay-at-home parents and you know for me to bring up a topic like, um, I'm thinking about getting back to my career, going back part-time I, I think that would be short lived . . . . it wouldn't even be something I'd bring up . . . definitely not something I would bring up because it's not the style that the group seems to believe in.

Several women said that they would not feel comfortable discussing problems the baby might be having, such as colic or even diaper rash. Natalie Asmah told me:

> I haven't had anybody talk about diaper rash. I guess maybe nobody wants to talk about diaper rash if my baby had one. I wouldn't because they would think that I wasn't taking care of my baby. I don't know about other mothers. She would think that it was my fault so I wouldn't talk about it.

Other women said that while they might be able to discuss with other mothers challenges and problems such as colic, diaper rash, sleeplessness and difficulties with breast feeding, they were not able to admit to the "negative" emotions they might have around these issues. Here are a few of the accounts I heard:

> Nobody has talked about it (the stress of sleeplessness). Right. So then I feel that talking about it would mean that I am a real bad mother. I think because I haven't had anybody talk about it before. I'm supposed to talk about sleepless nights but not the frustration of it. Nobody ever told me that. (Jill Hobart)

> Nobody talks about, you know, how sometimes you just want to scream and like just give the baby to somebody else to look after. (Yvonne Estrup)

> It's so overwhelming and nobody seems to talk about it. It's like once you say it's stressful then maybe you're not a good mother. (Grace Obetsebi)

Not surprisingly, then, there is little to no discursive space among new mothers to discuss post-partum depression (PPD). Danika Irwin, a new mother who was struggling with PPD, told me:

> I think it's . . . more out there than it ever used to be but I think it's still a very taboo subject because . . . you know you're supposed to be so happy,

> this is supposed to be the happiest time of your life and all you, you can think about is crying and you're not happy. You're the total opposite of everything you're supposed to be, um, and you have people coming up to you 'oh you must be so excited,' you know, 'a brand new baby!' you know, and you don't feel that way. It's really hard when people aren't coming up to you and saying, you know, 'are you okay, has this been a difficult time for you?' but nobody does that. So I do still think it's a very almost taboo subject.

Ellen Noonan was one of many mothers who told me that she would not feel comfortable discussing PPD with other mothers, had she suffered from it:

> I'm sure it's very, very shameful, I wouldn't, I wouldn't say, I wouldn't feel comfortable talking about that myself so I'm sure others. Yeah because there's so much stigma about the good mother you know? How could you have these terrible thoughts about your baby?

What becomes apparent is that the culture of motherhood is a space wherein the members need each other for empathy and support but wherein there is also risk of judgement and rejection. Talk does not happen freely. It is constrained by cultural notions of suitable topics and suitable approaches to those topics. These are complex issues and the positions one might espouse on any of them are not casual; one's positions are interpreted, and experienced, as reflecting the type of mother one is. Mothers' senses of identity and their positions on topics such as those discussed above are intimately connected with each other. It is not surprising then, that sub-groups exist within the culture and that these sub-groups are defined largely by the members' positions on both the "hot" and the mundane topics of motherhood.

Ideological Camps

I have offered this rather detailed account of the hot topics of discussion among new mothers because I want to draw out the ways in which positions on different issues can come together to create ideologically cohesive subgroupings among mothers. We have seen that midwife-birth mothers are more likely to question the medical industry in other areas apart from birth. They are thus more likely to consult naturopaths and nutritionists and to question or reject vaccinating babies and children. They appear to be more likely to choose cloth rather than disposable diapers and to favour attachment parenting rather than more structured models of parenting. That said, a great number of hospital–birth mothers were also exploring some form of attachment type parenting. An "attachment parent" is more likely to let a baby establish its own sleeping and eating patterns and to oppose the notion that a baby can or should be "disciplined." Attachment mothers appear more likely, when possible, to breast feed and for longer, perhaps until the child weans itself. The women who told me that they strongly supported the ideas of attachment parenting, which require the parents, in actuality the mother, to be physically present to, if not attached to, the baby at all times, were also more likely to tell me that they were seriously thinking about home-schooling.

Mothers who support more structured parenting styles are not as likely to make themselves as physically available to their babies and toddlers, believing that children should have structured eating and sleeping schedules and that children need time to themselves in which they learn to entertain themselves, comfort themselves and put themselves to sleep. They are more likely to believe that it is possible and desirable to discipline, in some fashion, babies and toddlers.

In the first group above, especially with the home-birth mothers, we see the major ideological and behavioural components of what has been termed (Bobel 2002) "natural mothering." We must bear in mind, of course, that these mothering practices are as culturally created as any, and do not represent "nature," whatever we might mean by that, any more than do any other mothering practices. We must also bear in mind that I am speaking in generalizations and so it is certainly not true that all midwife-birth mothers reject vaccinations and choose to home-school. Nor is it true that hospital-birth mothers never make these choices. In fact, women are rarely able to make these choices freely and one of the main constraints they face is money. It costs about $3000 to have a midwife-attended birth in Alberta. Further, many people do not have health plans that cover naturopathic, homeopathic or other "alternative" health practitioners. Cloth diapers require cleaning time and laundry facilities or the money for a diaper service. Home schooling requires an adult who can afford to stay at home and who has a sufficient level of education to be able to assist and instruct their children. As Bobel (2002) points out, "natural mothering," in its fullest form, is a choice that only the most privileged of mothers would be able to make. So values and beliefs can and do differ from actual choices and behaviours.

The women who spoke with me had clear perceptions of ideological differences among mothers and identified them various ways. Some said that the central issue was whether the mother stayed at home or was employed outside the home. This choice, and it is generally perceived to be a choice, is seen both as reflecting particular attitudes and beliefs about mothering and as resulting in particular kinds of mothering practices. Dawn Hossack was one of another small group of women who identified three major groups, two types of "perfect mother" and the "real" mothers in between. She told me:

> There are the designer mothers who always look beautiful. They can have six kids in tow and, you know, whatever, and there they are and . . . I think they fulfill society's need in always looking great and beautiful and they don't have spit up on them and not, you know, have gained five pounds or whatever. And then, so, so, there's, there's, there's those, you know, sort of the Hollywood type style mothers then there's the, the mother earth, you know. Those are the earth mothers, like they've invented motherhood. They fall into this role and the way the rest of us are doing it is all wrong. And then I would say there is the others who are, you know, trying to balance the different roles that we occupy.

Most commonly, however, women identified the two main camps, discussed above, that can be very roughly called the attachment parenting camp and the structured parenting camp. Most women claimed to have met other mothers who were extremists in either of these camps but very few claimed to be "extreme," or absolute purists, themselves. Most seemed to be trying to find ways to be moderate in their positions although most could clearly place themselves in one camp or the other. Likewise, most had circles of friends who espoused similar beliefs and practices. Eva Nichols' account was typical:

> I think that you tend to try to find other people that do and feel similarly as you do. I find that especially people that have had home births and use midwives and stuff, they tend to be a little more open about things and tend not to actually fret about stuff. We just sort of discuss things . . . you just need to vent a little because you haven't gotten enough sleep and the baby is annoying you a little. Sometimes you need to vent a bit and I talked to Melinda or one of my other friends that has a baby. I didn't really connect much with a lot of the other mothers at the mothers' group at the public health centre.

Although similarities, or homophily, in friendship circles have long been noted by sociologists (as reviewed by McPherson, Smith-Lovin and Cook 2001), I found the similarities sometimes staggering. For example, when I asked Anne Isely if she experienced conflict with other mothers, she answered:

> Not amongst my friends because we're all in very similar socioeconomic circumstances. We all have very similar past family experiences. We all have moms and dads that are still married. We all have professional type husbands. We all have university degrees. So we're very similar . . . we all live in houses. We all have renters in our basements. We are very similar so there's nothing . . . we're all pretty much on the same wave length.

Many of the mothers told me that they had very strong feelings about their own mothering practices and were sometimes baffled or appalled at how other women mothered. This is not to say that they would confront the other women; on the contrary, conflict with other mothers is generally avoided as much as possible. But mothers are, in fact, watching each other closely and they are, in fact, assessing their own and each other's mothering practices. Consider what Sylvie Tremblay told me:

> I have more of a problem with women who formula feed their babies. . . . I also . . . I don't identify well with women who put their kids in day care. Just because that's a choice that we have not made and that's a choice we made not to do that. Because we have ideological reasons for making that choice. Not just convenience or whatever. We have very strong reasons for making that choice. So for women who put their kids in day care, I feel that it's almost like a type of abandonment to their children. To be honest, I don't have very many friends who have done that just because I just don't know very many women that have. I haven't disassociated myself from them, I just haven't really met (them) in the circles that I move in. I know that it's very common, cause from all the reading. I'm reading these parenting magazines and it's like, they kind of mention the stay-at-home mom a little bit but it's basically "when your child goes to day care" and this kind of stuff. I just don't identify with that.

This account by Sylvie Tremblay is typical in that the mothering behaviours being discussed, regardless of which behaviours they are, are taken as a reflection of deeper values, beliefs and choices on the part the mother. This interpretation is possible because Sylvie, like the other mothers who spoke to me, felt that her own behaviours reflected her own well thought-out choices and values. Women can thus account for the mothering choices they make themselves and they hold other mothers similarly accountable.

I would suggest, however, that there are at least three complicating factors here. First, I would contend that mothers (in this case, Canadians in general) overestimate the extent to which they and others are, in fact, exercising free choice. The contemporary rhetoric of individuality and self-determination can obscure the very real social constraints within which we exercise what are actually a limited range of choices. Second, it would appear that although one's own values and motives are salient to one, it is easy to be sceptical of the values and motives of others, even when others claim to share the same values and motives as one, and especially if those values and motives manifest themselves in behaviours and choices that differ from one's own. Third, establishing a sense of one's own individual identity is necessarily contingent on the ability to differentiate one's self from the selves of others. Beliefs, values, behaviours and choices are all relatively identifiable and accessible "markers" of "self" that can be put to the service of differentiating one's self from others' selves.

What I am suggesting is that mothers very often over-estimate, or over-state, the value-based and motive-based differences between themselves and other mothers even while, in interaction with each other, downplaying actual, sometimes significant, differences in behaviours. The accounts of Doreen Franklin and Dawn Taylor are illustrative here:

> Once you become a parent, it's really hard to be around other parents that are doing things with their kids that you disagree with. Like it's almost right in your face and you kind of put that on a continuum. Like some people think that they know everything for everyone's kids. That's not what I'm talking about, but I'm talking about real value things. (Doreen)
>
> It puts a little strain on friendships, I'd say, in some ways. You're never going to be happy the way they raise their kid cause it's not you. It's not how you would raise it. There's always going to be something. You know what, as long as you don't say nothing to me about how I'm doing it, I won't say nothing about how you're doing it.(Dawn)

There are two distinct dynamics occurring here. On the one hand, the women need to differentiate themselves from each other. On the other hand, conflicts that might arise from such differences must be minimized and contained.

Entering the culture of motherhood is entering complex terrain; at times it can feel like a minefield. Many women reported to me that they do not want to fight with other mothers, especially those who are casual acquaintances, and that they do not appreciate being called to task for decisions they have made. Mothers thus often, very carefully, feel out each other on the hot topics and then try to sidestep conflict. This can mean consciously avoiding certain topics of discussion or actually avoiding discussion altogether with particular people.

What repeatedly struck me in the course of the interviews, and what needs to be drawn out, is the extent to which every woman who spoke with me had thought about all aspects of her mothering practice. Each woman was very able to articulate what she considered to be good mothering and bad mothering and each woman said that she was doing her best to be a good mother. Some said that they never felt that they were bad mothers; some had periods of uncertainty; some admitted to moments when they felt they had failed to be good mothers or had actually been bad mothers. Each woman spoke to me of her tremendous love for her child or children. One of my questions was "is there actually anything only a mother can know" and one of the common answers to this question was that only a mother can know what it is like to love a child the way a mother does. All of the women had sought out mothering resources, often in the form of books but also websites, magazines, television programs and, of course, other mothers. For absolutely nobody was mothering a casual undertaking. The details, right down to the smallest minutia of a baby's daily life, were consuming. The commitment, the passion, the attention to detail, the desire to "do it right," the need to do well for the child and the willingness to think through all aspects of mothering were strikingly apparent in each interview.

It is here where I think there is an advantage to me being a non-mother. I do not have my own mothering experiences against which to compare those of other mothers. I do not feel strongly attached to particular birthing or parenting practices even though, in all honesty, I did begin to develop opinions on many of these issues as I discussed them with the participants. All of the mothers, regardless of their beliefs, values, choices and practices, appeared equal to me and I was unable to differentiate them in terms of their love, commitment or attentive thoughtfulness. These, however, are the very factors that mothers often use to differentiate among themselves. The choice, for example, between an attachment parenting style and a more structured parenting style, is often interpreted as reflecting different degrees of love for the baby or commitment to the mothering project.

As an outsider, however, I could see that the attachment mother who began to wonder if her two-year old should still be sleeping in the family bed was just as committed to, and tormented by, her choice of parenting style as the structured parenting mother who put her baby to bed at a predetermined time and then stood wringing her hands outside the nursery door as the baby cried itself to sleep. By calling the mothers "tormented," I am not saying that they were making bad choices or that their choices were not working for them. On the contrary, my point is that each and every mother agonized over the choices she made and worked very hard to be assured that she was doing what was best for the baby and for the rest of the family.[6] A project this consuming cannot help but become a central component of one's sense of self.

The Mothering Self

Within the culture of motherhood, women discursively construct and negotiate maternal identities, in large part through what many outsiders would see as very mundane talk - the talk of daily life with a baby. But this talk is of life and death importance - not just the life and death of the baby but the life and death of the mother's sense of self and well-being. The transition from woman to mother is enormous and enormously significant in any woman's life. Other mothers are not merely one's companions on this journey; other mothers can provide a safe space to explore, celebrate, even disparage, some of the changes that are happening. Other mothers also, as mentioned above, provide reference points against which, and sometimes in contrast to, one may develop one's own sense of identity. There were five main themes that emerged in women's talk to me of the identity transitions that they were experiencing.

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[6] Each, in other words, engaged in what Hays (1996) has identified as "intensive mothering."

Gaining Something

Several women spoke of changes in their selves that represented gains in their overall being or in particular characteristics. Anne Isely and Erica Edwards were two of the women who felt that motherhood had expanded their overall personhood. They told me:

> I'm more of a person. Cause I'm me, I'm a wife, I'm a mother. I have a new role but I'm more of a person because I'm more happy in everything I do. I'm a more happy me, I'm a more happy wife, I'm a more happy worker because I have my son to pick up on the way home. There's more of me to go around now. (Anne)

> Your heart feels bigger and, um, I don't know, it's like your heart and soul just feels bigger because you're so, you encompass more, there's more of you out there . . . as a mother you feel less as an individual . . . your world is larger . . . you're still you but there's more [of you]. (Erica)

It was more common for women to speak of particular characteristics or aspects of their selves to which they felt motherhood had added.[7] Several women said that becoming a mother increased their sense of being an adult woman. Ellen Noonan, for example, told me "I think when my first daughter was born I felt like a women for the first time, so that was quite profound. A woman in all of my applications you know. I guess I felt like a completely mature woman when my first daughter was born." Dallis Wilson was even more succinct: "I just realized it the other day, like I finally actually feel like an adult." For Holly Ming-Madsen, and others, feeling more adult was also accompanied by an increase in self-confidence. Holly told me

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[7] Also reported by Bailey (1999).

> I just feel maybe more grown up and more confident in my abilities to do things. And now I mean I am responsible for another person, I mean for everything, and I think that just gives you that, you know, you can speak up more, you know. I think just, just the role itself lends to taking on more of a leadership role in other areas. So yeah . . . and now my PhD, oh that's going to be a breeze next to this.

Part of feeling like an adult is the feeling that one has an identifiable and valid adult role to play in society. As other research has shown (Lewin 1993; Nelson 1996), this can be particularly important to lesbian women who have little access to the other roles, such as heterosexual wife, that are often cultural markers of adult womanhood. Kendra Young's account poignantly captures this significance:

> The dynamic of myself in the world certainly changed with being a mother, there's no question. How I see myself, how I relate to people. I relate to people as a mother, as a part of the larger world. I don't feel excluded and I've sort of firmly planted my feet in the ground and like I'm here, I'm a mother, I'm a lesbian but I'm, I'm part of the larger world. I'm not a fringe anymore. I'm not a, I'm not on the fringes. So I feel more, I feel more like a person in the world. I feel more real.

Rather than saying that they finally felt "grown-up," several women spoke of feelings like the ones Evelyn Cairn shared with me:[8] "I feel more mature, I feel more responsible . . . . I think that I'm a better person now. I've made better peace with myself. I'm more decisive. I know what I want in life a lot better and I know how to go and get it now." Sydney Newton said that she was "happier. I'm definitely more responsible, more accountable, lower tolerance for garbage in any way, shape or form. Lower tolerance for excuses to come out of people. Lower tolerance for blamers, that's another one. I'm just better. I'm happier."

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[8] Bailey (1999) and Weaver and Ussher (1997) also report that the new mothers with whom they spoke said motherhood made them more "responsible."

Many women said that motherhood had made them more patient and tolerant, often not just with their own children but in general. Here are some of the accounts I heard:

> The kids make you more patient I think um, you're, you're not as, um, you can't be as sarcastic or as intolerant, um, I think, well I, I guess if you're, you're a good parent or if you're trying to be a good parent you're more accepting of the kids. (Brooke Ingraham)

> I think some of my personality, like, characteristics have changed. I wasn't very patient before at all and I've gotten a lot more patient now that I have her and I'm actually, the other thing that has changed about me is my tolerance level for other people's children. (Yvonne Brown)

> Well I guess I'm more tolerant, I'm more accepting that we can't always, um, control everything. . . . My friends were very good to me in helping me understand this. They said that each baby is responsible for their own birth, the speed and the time they choose to be born and so on. And that was a really good experience, a good perspective to put it in because you know I didn't need to beat myself up anymore with all of the details. So letting go and acceptance.[9] (Ellen Noonan)

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[9] You might recall from chapter two that Ellen Noonan was the mother who was devastated after giving birth in her bathroom without feeling the passage of the baby from her body. It is significant that it was other mothers who were able to discursively guide her to not only making peace with this experience but to feeling that she was a better person for it.

Losing Something

Although many women felt that motherhood added to who they were, there was a significant minority for whom losses associated with becoming a mother were very salient. What some women experienced as the gaining of adult status, others experienced as the loss of youth. Jill Hobart, for example, told me: "I think I've probably lost, now I'm an adult now, you know. I think if anything, you know, I've lost my, my youth I suppose."

For several women what was more salient, and more alarming, was a more general sense of losing their "selves."[10] They felt that they were coming to be identified as, and interacted with, nothing more than mothers and they were worried that they were losing other aspects of their personalities and lives. Jill Hobart went on to tell me "you know we'll go to a family gathering or we'll go to wherever we're going and it's 'oh baby, baby, baby' and it's like 'hey, hello, I'm here, I'm up here'." Tamara Neufeldt told me:

> It was a process that I was surprised by, pregnancy and becoming a mother, how much you lose your identity, how many decisions seem to be taken out of your hands and I was aware that that was a likely thing to happen. It all makes sense you know, giving up your job and giving up things and staying home and, you know, I accepted all of that and I'm very strong minded and . . . very outgoing and aggressive personality and I was surprised how much I was still overwhelmed by those feelings [of] losing my identity, losing my autonomy, and I thought I was well prepared. So it was, it was a little frightening in some ways.

Jane Larson was finishing a class when her baby was little and she found it very difficult. She told me that she would not enrol again in a class. Although she felt that this was the right decision, it was also accompanied by a sense of loss. She explained:

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[10] Barclay et. al. (1997), Weaver and Ussher (1997) and Young (1984) also uncovered this theme in new mother's talk of the transitions they had experienced.

> I don't want to not have any aspirations or whatever, but on the other hand, she is small and I don't want to miss that. So I think, it's kind of terrible in some ways, but I guess I'm less me and more her, you know, less concerned about my future or, um, you know, what I am doing, than if she's okay.

Becoming the True Self

Several women claimed that they had not so much changed in who they were as that they had become more of who they essentially were or had finally become who they had really been all along. For some, it was the performing of care-giving tasks, and the emotions that they had for their children, that led them to feel that they were becoming the truly nurturing, responsible people they had really been all along, but perhaps had never had opportunities to display and more fully develop these characteristics. On the other hand, sometimes the true self that emerged in the context of mothering had very little to do with the actual requirements of mothering work. Allison Simons, for example, told me:

> The way that I interact with him, I guess, it brings out aspects of my personality that never came out before. Not just nurturing things but things like . . . for example, I was thinking about singing. I've always really enjoyed singing but I was shy enough that I never did it in public or even in front of other people, in front of friends. But with him like that's what I've always done. I've always sang to him and now I don't have a problem with singing in front of other people. I think he himself has really brought me out of my shell.

Balancing Selves

A few of the women spoke of having to now balance aspects of their selves. This need to balance might have been brought about by the addition of new pieces of self or the development of certain characteristics. It might also, however, have been necessitated by the loss of some parts of the self. Often the struggle was to retain some of one's old sense of self and to balance this with the new self that was emerging. Judy Vidra's account of this process was poignant:

> Yeah the adjustment from going from a career woman to a, a mother is a bit of a, actually a big change. Um, I'm still adjusting to it, I'm still trying to find my niche, um, at times I feel like I've got a void in my life but I don't know where the void is. Um, and my husband and I talk about it quite frequently and we think it's the lifestyle change. I mean I don't have a void in my life, I just think I do. I shouldn't say I think I do. I just need to find a balance and I need to adjust into parenthood and it's an adjustment period, um, there's enough here to keep me busy and enough here that I love to do. So it's not like I made a sacrifice to stay at home, it's something I wanted, um. . . .there are times that I kind of, kind of think, well I'm not me anymore. Um, I feel like part of me has been erased and, um, [I need] just to re-balance I think.

I find Judy's account quite painful as she tries to rationalize away her feelings of loss and reassure herself that she is doing what she chose to do and what she wants to do. The fact that she chose motherhood and that, for the most part, she enjoys it, does not obviate the identity losses she is experiencing. This links with the final theme which ran through all of the interviews in one form or another.

More Than Just a Mother

In some ways this was the most significant theme, not merely because so many women discussed it explicitly but also because, as I will elaborate later in the chapter, this was the key issue that many women used to differentiate themselves from other mothers. All the women were aware of all the ways in which they were more than “just a mother,’ although many said that they felt that other people were not aware of this fact. Several told me that they had to exert effort to make sure that people would see them as whole persons. Doreen Franklin and Yvonne Brown offered typical accounts:

> If all you are is mommy, then that’s all people are going to see you as. But if you have to take the initiative on your own, with your friends, or by yourself or whatever, then that’s what people are going to see. I tried to make that clear to people. Sometimes we’ll go out just us and sometimes we’ll go out with Kimber. Because I’m not only mommy to Kimber. (Doreen)

> I wanted, and I still want, people to see me as more than a mother. You know I’m a wife, I’m a university graduate. When I was a student . . . just the thought of people not seeing that side of me anymore or not wanting to know about it anymore was a real turn-off. (Yvonne)

For some women, the primary concern was with their family members still seeing them as whole women. In some cases, the most important family member here was the child itself who would purportedly benefit from the understanding that its mother was also a complete human being. Barbara Swenson, for example, felt that not only would the child benefit, so would she and so would women in general. She explained:

> I want the child to think of me as more than, more than a mother. I want, I think that, um, it's more, I think the child will respect me more as a human being if the child sees me acting as a human being. Whereas “mother” is too easy to dump on, “mother” is there truly and solely toward the child, um, and therefore has no rights of her own and I want the child to know

> that I do and that all women do. Like I mean it's important to me for, to bring up a child whether it be a boy or girl with a healthy sense of respect for women. Look at women as individuals.

In lesbian couples, both partners can be involved in this struggle at the same time and might work cooperatively to create opportunities for the full expression of their selves as individuals and as a couple. Kyla Iverson, for example, offered the following account:

> Devin and I recognize that we really need to be away from Slade sometimes and that we need to set boundaries and say that we're not going to talk about him when we have certain amounts of time. That we need to still have a sense of individual identity first of all and then collectively our relationship as well. Because the family thing will happen naturally because we spend our evenings together and our weekends together and our mornings together and some weekdays together. But individually we still need to be a strong unit as Devin and I because that's what we believed was going to make us good parents, was because Slade was going to see an affectionate, understanding, loving couple and so that's still really important to have and to work on that.

I would argue that this concern over being seen as "just a mother" does not have an exact parallel for fathers. There are at least a couple of components to the phrase "just a mother." First, the "just" can represent a diminution or devaluing which some women reported feeling. "Just," in this case, signifies "merely." It is not a new contention that the work that women perform is relatively devalued in our society. Very often the work of mothering is not referred to as work at all and the talk of mothering, by mothers, is not seen as valid and valuable talk. In this respect, it would be odd to say of a man that he was "just a father" because becoming a father does not diminish a man. On the contrary, the travails of fatherhood aside, fatherhood can be a boost to a man's status.

"Just a mother" can also mean that the mother does nothing else apart from mothering. Weaver and Ussher (1997:59) attribute this to an "underlying societal image of motherhood in which mothers (are) people without intelligence and without a past." The "just" in this case means "solely." It remains the norm, and certainly this was true with my sample, that it is mothers who are most likely to take time away from jobs or school to look after babies and young children. Even if they return to "outside" occupations, women still perform the bulk of childcare and are the most likely to interrupt a day's outside work, or entire career, for child-care duties. Although there appear to be growing numbers of stay-at-home fathers, I would not expect that the majority of fathers would be concerned that they were being perceived of as "just" fathers.

Relationships with Other Mothers

Other mothers play vital roles in individual women's transitions to motherhood. We have seen that mothers can mediate and facilitate each other's maternal journeys. They can acknowledge a woman's experiences and feelings, help her to articulate them and provide passionately interested discursive partners. They also provide an audience for the often solitary maternal labours, even if that audience is at times critical. Every woman who spoke with me said that she valued contact with other mothers and many said that they pursued quite a significant amount of such contact.

Feeling Connected

We saw in chapter two that once women are pregnant they start noticing and engaging in what might be called maternal interaction with other mothers and pregnant women. A feeling of being connected to other mothers, of having something in common with them, can begin at this time. For non-gestational mothers, that feeling of connectedness to other mothers might not start to develop until after the baby is born or adopted.

I asked the women who spoke with me what they thought was the basis of the connection they felt with other mothers and there were three main answers. First, many women speculated that the common bond was created by having given birth. Kendra Young's explanation was not unusual:

> I think sometimes that the connection you have with other women who've had children, is that there's that knowing somewhere that this thing has been produced from your body and there's this, there's this real visceral connection, there's a real, and we'd sit there together and we'd just cry.

Many women said that the more important factor was the common experience of love for one's baby. Some felt that this love would exist, in just as pure and intense a form, if one were not a gestational mother. The adoptive heterosexual and non-gestational lesbian mothers were aware that they loved their children with the same passion and intensity as did birth mothers. Many of the birth mothers, however, linked their love to the experiences of pregnancy and birth. Anne Isely, for example, told me:

> I think that the love that a mother feels is so natural and so pure that you don't need to be a certain colour, a certain race, a certain . . . you don't need to be educated, you don't need to be rich, you don't need to be poor . . . it's natural. You could give birth to a child in a cornfield and have the same love come over you, I think. I think that when you saw that mom you would look at her and just think, wow, you love your baby too. It's just a . . . it's universal.

The third factor that was cited as creating a connection between mothers was the shared experiences of mothering labour. There was a perception that mothers were all performing the same kinds of childcare and domestic tasks and a belief that their experiences, and their feelings about them, created a sort of sisterhood. Kyla Iverson told me: "there's an understanding of just . . . that motherhood is so bloody hard and that you don't, that no-one tells you how hard it's going to be until you actually go through it, and maybe that's the only thing that makes it, makes it common." Jane Larson went even further: "it's an education becoming a mother and I think you can sympathize and understand other mothers. And I suppose it would go across borders and across languages. You'd have something in common."

This notion that mothers have a commonality that transcends national, ethnic and linguistic categories, was articulated by many of the women. Traci Samuels explained that she was actually meeting and interacting with women who were different from herself and different from the women with whom she had previously associated. She told me this was

> because, well you have that point of contact. You know, you have that similarity. And so that kind of gives you a little segue, you know, like a jumping-off point for conversation. And then you can kind of decide whether or not, you know, you are the same kind of people having the same kinds of experience, feelings, ideas, whatever. But definitely, I'm talking to a lot more different people than I ever would before.

Kerry Thibault speculated that the connection would actually be

> Global. Like I don't care. A woman, a veiled woman that doesn't speak any English with her baby sits down, normally would not speak, will engage if the baby's engaged, you know. I smile at the little baby, then the mother is there and we're communicating without any words. I, I really do believe that there's a, well because everyone, I can't imagine that everyone doesn't feel incredible pride with their children and when someone acknowledges

it, it's like, you know, a kid that learns to ride a bike and you clap.

Several women said that motherhood gave them new feelings of empathy for other mothers, even unknown, distant mothers to whom they, nonetheless, felt connected. As part of this, some said they also felt connected to children in a different and more global sense. Natalie Asmah, for example, told me about watching news coverage of a central American earthquake where babies and children had been orphaned. She said her heart went out to the children in a way that it simply would not have done before she herself became a mother. When she saw a shot of a baby being carried from the debris she felt like "send me the baby. Just send me that baby." This could be part of a broader sensitivity to mothering experiences. Sylvie Tremblay shared with me:

> When I read stories . . . for example, with the earthquake and that kind of thing. Or wars and that kind of thing, my first thought is, "what do the mothers do? How do they take care of their kids? How do they get their babies back? How do they" . . . it's kind of like I think, "what are the mothers doing . . . how are they taking care of their children in this circumstance?" I never had thought about that before. I know what I do with Desiree and like my mom had said, one time she was up and she was baby-sitting Desiree and she was saying, that she felt so bad for moms who can't give their babies baths. Just something like that. As a mother you are doing this and you think about the moms who can't do this but want to. Who want to provide for their babies but can't.

The Value of Contact with Other Mothers

As we have seen, mothers have a great deal of contact with each other and they often report feeling a connection or bond to other mothers. I asked them, then, if their bond, in general, and their interactions, in particular, with other mothers were valuable to them. Their answers were overwhelmingly positive.

Women reported that the extreme value of contact with other mothers and pregnant women started in pregnancy. In part, as we have seen, this is because valuable information and resources are exchanged. In large part, however, such contact is so valuable because it is perceived as the best way of achieving assurance that one's experiences are "normal." Several women said that all the books they read talked of averages and ideals and that only speaking with other women clarified how very large the range of normal is. Adwoa Osam offered a typical account of the value of friends who had "been through it":

> It was very, very, very valuable you know. Especially, um, my best friend because she had two babies and she was invaluable. She was always there. "Do you have any questions?" and I said "Oh yes" and it was very, very good for me. Yes, very. And that was very helpful because she had her babies before me so. So it's very, very good to talk to them and everything, you know it sets your mind at ease and you know "oh okay everything's okay and it's normal for you to go through this and" I think it was very good.

The reassurance that one's experiences fall within the realm of normal remains important after birth. Barbara Swenson explained this well:

> I presume that if I didn't have this, these outlets, I'd be much more stressed about things. Because one thing you get to see when you're, when you're hearing so much detail about other babies is you get a better perspective on what you should worry about and what you shouldn't. Um, yeah, you know if you're, just really gives you a sense of how different each baby is which is, ah, a nice contrast to when you read a lot of stuff. Like I look at the books that I read and the stuff that I experience, that I see with other moms, and their babies and my own baby, I can see them as very different things. The books created a mythical baby, a mythical average baby, and this mythical average baby does this, that and the other thing. Um, and in reality no baby really comes close to that even and so I think if I was just relying on literature I'd be so stressed out.

While some of this reassurance comes from simply talking with other mothers, a significant amount of it comes from engaging in mothering activities in the presence of other mothers. Holly Ming-Madsen told me "there is a sense of, you know, affirmation when you say something or you just even, you know, we all interact with our babies together, you know, and we go, it's nice to have, to watch somebody else play with their baby and how they do that. Erica Edwards went into a bit more detail:

> It's good to have contact with other mothers, especially mothers with their children around. You get to see what other people are doing. You get to see what other kids are doing. We all seem to be ranking our children . . . it gives you a reference point for yourself . . . I guess we evaluate ourselves all the time, how we're doing in what we're doing and, um, I think it helps you in that area, sort of thing, what you're doing with your child or what you're doing with your mothering . . . so I think it's important for that.

Although having a sense of being normal is important, it is also vital that one knows that one is doing a good job. Because most of the women who spoke with me had been employed or students prior to motherhood, they were used to receiving regular recognition of, and feedback on, the quality of their work, even if only in the form of a paycheque. Many spoke to me about the difficulty of embarking on the new mothering job which was more than full-time, for which they never felt sufficiently prepared, most of the performance of which tended to take place in private and for which there was only sporadic acknowledgement of how well they were doing. I would contend, in fact, that this is one of the most stressful aspects of new motherhood for many women. Danika Irwin was one of the mothers who told me that her self-esteem was taking a bit of a beating in early motherhood. She reported:

> It was, it's a very negative effect because you don't know, it's not, um, you know, it's true they say at work you get validation on whether or not you're doing a good job and you don't with him. He doesn't, I mean number one

> he can't tell you but you know all he does is take from you and initially they don't give anything back because they can't you know and that's a very hard thing for somebody's self-esteem to, to constantly give and not, not know if what they're doing is a good thing or you know. If you get no feedback or negative feedback all the time then that, I think it takes a toll.

Although some mothers reported that their partners or parents sometimes reassured them that they were doing a good job, and although they certainly valued hearing it, it was the reassurances of others mothers that could mean even more. Other mothers were perceived to be the ones with the most realistic sense of what one might be dealing with and thus whose affirmation was seen as being based less on an emotional connection to the woman and more on an objective assessment of the mothering work she was performing. Hazel Norton was one of the mothers who told me that she felt very alone at home with the baby because there was nobody there to tell her she was doing a good job. She said "my sister and I were talking about this and we came up with a theory that that's maybe why women go back to work, because every two weeks you get a big cheque that says you're doing a good job, your boss is telling you you're doing a good job." She said that her child might someday tell her but it would be twenty years down the road. In the meantime it was coming from other mothers: "I've had friends tell me 'oh you're such a good mother' or you know, whatever, you know, it is nice, it's nice to hear."

The exchange of information and mothering strategies, as discussed in chapter three, was also very valuable to the women who spoke with me. Sometimes the value lay not so much in the content of the talk but simply in the fact that one was able to enter, authoritatively, into such talk. Doreen Franklin told me that she "loved" the discussions she had with other mothers:

> because it gives you a chance to give your opinion in a very open setting. It's always nice when someone asks your opinion about something and they really want to hear what your opinion is. That doesn't happen very often and especially when it happens with something as important as your child. It's fun to do. It's just a situation that doesn't happen very often.

Certainly, feeling like one's opinion and experiences are valued is extremely important to one's self-esteem. Equally important, however, to many mothers was the actual strategic content of much of the talk. So important was both the talk and its contents to Anne Isely that she said that her contact with other mothers actually provided her with a reason for being. She said of her contact with other mothers:

> It provides friends for my son. It's a reason to go out in the morning. . . It's just a reason for being on the days that I'm just a mom at home. We talk about where we got our kids' hair cut, what we are doing for their birthdays, 'I have a cake pan you can borrow, did you see the sale at Young Canada?' . . . we mostly talk about the kids. It's not a place where we go to talk about ourselves. It's about the kids and that's what I want to know most about. How I can do better for my child. ' I'm going to a Discovery Party this week does anyone want to order?' We share mothering information. We share recipes, we share…it's all about the kids. We laugh about that some days. How many poop stories are we going to talk about?

Although Anne was the only woman who said that her contact with other mothers provided a reason for being, all said that the contact was very important. As with Doreen Franklin's account, above, about her appreciation at having her opinion valued, many women said that they valued the reciprocity of exchange of resources and information that is a component of contact among mothers. Yvonne Estrup was only one of many women who spoke of appreciating not just the information received but the fact of now being in a position to pass along information. She related the following:

> you just talk about the things that you're going through like 'what did you

> do to get them to sleep?' Or like we were talking about breastfeeding last week, like just like how hard it is, like, you know, nobody tells you how hard it really is and, ah, like the nurse in the hospital told me, you know 'oh it's not suppose to hurt' and then I was saying that to them and they're like 'give me a break, like it hurt for a month' and it's true, it does hurt. . . . it's kind of funny cause now people are asking me, you know, you know how did I get through it, stuff like that and so, ah, it's amazing how you kind of think 'yeah I guess I'm an expert too,'you know like, you know I can actually help somebody else out, you know.

The exchange among mothers is not simply of information and strategies; it is also often of a direct material nature. This can be particularly valuable to single mothers or other mothers who have a limited income (although most mothers reported appreciating it). Jane Hawke, a low-income, unpartnered woman told me:

> I've networked a lot where you get cheaper food and clothing and stuff like that. A lot of us moms that are on assistance, or very close to it, working part-time, that kind of thing and trying to make do have really 'did you hear about this and all of that and this here?' And really networked and shared information that way. That's been a help.

Roxanne Gould, a woman who had separated from her partner after becoming a mother reported that the mutual exchange of goods among mothers was one of the most valuable aspects of her contact with other mothers. She said:

> The other thing that I found really nice, um, was in being pregnant everybody, it's just handing maternity clothes like crazy and when you have a child everybody is handing down their clothes as well for your children. And I find that really nice because I've, as I mentioned earlier, I always buy second-hand clothes and I always have thought isn't it odd that we don't share things more, and there's a real network of sharing children's clothes among women who have children. It's really nice actually, it's, you know you get quite used to getting a bag of clothes from, in fact you know who you'll get the next bag of clothes from and then you know who you'll pass them onto afterwards, like it's, it's a really interesting handing-down-the-line kind of network.

Lesbian Mothers

For lesbian mothers, contact with other mothers can be a mixed blessing. Although many shared the sentiments above about the value of such contact and of the exchange of material and informational resources, many were also aware that their lesbianism put them in a marginal, perhaps even precarious, position with mothers who were heterosexual.[11] Both biological and non-biological lesbian mothers sometimes felt at a disadvantage in mothering conversations that would be comfortably commonplace for many heterosexual mothers. Kyla Iverson told me:

> I'm just not so keen, I guess I'm kind of cynical about meeting other mothers that will maybe have all sorts of questions that I don't feel like answering or, um, and some people are really really forward and say, you know, well 'who was Slade's father?' and I guess sometimes that's great if you feel like getting into an in-depth conversation and at other times I would just be really uncomfortable with that, not knowing where, what context that question was coming from.

Kerry Thibault explained that the danger of her own marginalisation might also be shared by her children. She said "sometimes I feel shut, I feel shutdown, because I can hear that they're really, really traditional. Meaning they would probably hate me if they knew I was a lesbian and they'd probably not want their kids to play with my kids."

Some of the lesbian mothers said they just felt like they didn't fit in with other (heterosexual) mothers. Mandy Torrence, for example, told me that the only time she had contact with other mothers was when she did volunteer work at her son's school but that

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[11] Hequembourg and Farrell (1999) thus argue that lesbian mothers occupy a "marginal-mainstream" position. As mothers, they have access to the most mainstream identity available to women but as lesbians they occupy one of the most marginal identity positions.

"I don't feel like I fit in there much either. And I don't know why I wouldn't but I think it is all about being a lesbian mom."

On the other hand, some of the lesbian mothers reported that it was motherhood that actually now gave them something in common with heterosexual women with whom they might have had little previous contact (Lewin 1994; Nelson 1996). Kendra Young explained:

> I felt like I was invading some private club, you know, like the straight world and its motherhood. I mean, it's not like a newfound respectability or something, or in some ways it is, but it's a different identity, and it's like you've crossed over to another world. And it's a world that they think that you could never get into. But I have so much in common with the women that I work with now, it's hard for them to dislike me because I'm a lesbian, because I'm also a mother, and I'm doing the same things that they do when they go home, as far as the kids, and not sleeping, or going through their illnesses.

Strikingly, one of the participants, Dawn Hossack, who was not a lesbian but who reported that some people had speculated that she was, revealed a similar effect of motherhood. She told me:

> Well with my women friends it was interesting like you can't, it, you can't, you can't take everybody to task on everything. But it was like they were really really glad I had (become a mother) because now they felt we had more in common. That I had entered into whatever and so that I wasn't on the outside of them, so there was more in common.

I suspect that this is true of many women who might not be aware of it because they have never felt marginalised or suspect for any reason; they simply move from belonging to belonging even more.

Ironically, however, some of the lesbian mothers reported that the very thing that gave them something in common with heterosexual mothers served to distance them from non-mothering lesbians. Blaire Hanks, for example, told me that her conversations with other, heterosexual, mothers were "very valuable actually. Um, you know being a lesbian, you've got this whole lesbian world where there's no kids or no talk about that, all of that, and if I had a choice, you know, for the next however many months or whatever, I would hang out with mothers." For some of the women this distancing was not just from the lesbian community, it was also from aspects of themselves that they had previously considered to be part of a lesbian identity. Kendra Young was not the only lesbian mother to offer an account like the following:

> Like I mean I don't feel like a lesbian sometimes. I feel more straight. And I just happen to be straight with a woman. Do you know what I mean? In that I have children, I have concerns. Or I think more about the school system, like what are we going to do with the kids with school? You know? I mean Gay Pride happened and I had no idea it was going on. And if I had told you that 15 years ago, it'd be like 'Yeah, right.' I mean here I am (there I was) with t-shirts, you know 'fesbian leminist' and, you know, 'I will survive.' And like, you know, it's a very different time, you know, for me to think about where I am now and where I was then. I mean I had lesbian friends who called them (heterosexual women) 'breeders.'. Do you know what I mean? So it's very, it's kind of schizophrenic.

We might think, then, that contact with other lesbian mothers would be of value but this is not alway the case. Kendra Young went on to explain that she, like some of the other lesbian mothers, did not find that lesbianism and motherhood gave her enough in common with women with whom she might have had extreme political and ideological. She related the following:

> I remember going into, like we were in Toronto. Danielle was just born, and there was a meeting of lesbian moms, and I thought 'oh, this might be interesting. Maybe we can meet people.' And you know, we had nothing in common with these women, nothing. Like they all had, like, I mean, like they were all young. They all had the shaved heads, they all had like

> the kids, and they were all teaching them how to, you know, say 'fuck' and things like that. And it's like 'I'm sorry but I'm not doing that. I'm not doing this.' You know? We live in a world and to me respect is part of that.

Some of the lesbian mothers were more ambivalent about having relationships with other lesbian mothers. They believed that such relationships were potentially valuable even if, as with Kendra and others, the lesbianism and the motherhood were not sufficient in themselves to ensure a working relationship. Mandy Evans-Robert told me:

> I mean not necessarily do I want to be friends with people just because they are gay or because they have children . . . but I mean I would certainly like to meet a couple that we could be friends with that, you know, our kids could, you know, be with at times and, you know, share with each other. But I also don't want my kids to be segregated in that, you know, they only have gay friends of gay families and dah, dah, dah, dah and that kind of thing but I also know that it's important they have that too. So, you know, one day I would like, and I wish we had a, you know, gay couple that we were friends with that we did things with and our kids could do things with.

Ambivalence notwithstanding, many of the lesbian mothers explained that they received acknowledgement, understanding and acceptance from other lesbian mothers that they did not necessarily receive elsewhere. This could be particularly poignantly apparent to the non-biological mothers. Kerry Thibault, for example, told me:

> I think that joining the lesbian moms' group, you know most of the people in the lesbian moms' group we would normally not know in any other circles or hang out with, you know like, just because they're lesbians we wouldn't be going to the same parties, you know. A very diverse group of women but that, you know, that, that commonality of having kids and, and talking to the people that aren't the birth moms has been great, you know. And I could go up and touch Ora's belly when she was pregnant with Donna, you know, and be, and I could also get a response from them, they would acknowledge my excitement and acknowledge me as, you know, asking about the birth and, and, you know, and so it was a whole different experience with that group than, than any other group.

Michelle Mathews concurred that contact with other lesbian mothers was valuable but not merely for her partner and herself. She felt it was even more valuable for her children about whom she said

> I don't want them to think that they're unique, that they're different somehow. I want them to know that there are other children out there that have gay and lesbian parents, right . . . Bradley's been involved with one couple since he was born and I think it's been great, you know, the boys, they have a boy too, and they've hit it off really well and so I just want, I think, for that, I would value it.

The Mothers' Club

I was not surprised by the accounts of lesbian mothers who said they felt marginalised by other mothers and who felt that they did not have much in common with other, heterosexual, mothers. It was, in fact, these very sentiments unearthed in my previous research (Nelson 1996) that prompted me to initiate the current research; I wanted to find out, if not lesbian mothers, who, in fact, *are* the members of the mothers' club. The club, as I had conceptualised it, is a cultural space with entrance requirements, shared values and rituals, variable though these might be, contact between its members, a shared discourse and, perhaps, a shared sense of identity. I set out to explore whether these things exist and found that, for the most part, they do. We have seen that mothers have tremendous amounts of contact with each other, that they value this contact, that there are particular discursive patterns that mark entrée and establish membership, that there are sets of shared values and that mothers feel they have a connection and a commonality with others mothers. Some, unprompted, spoke of "the club" or used similar language. For those who did not spontaneously use these terms, I asked, generally after we had discussed everything else, whether the idea of a "mothers' club," a "mommies' club" or a culture of motherhood was at all meaningful to them. I asked them if they thought that such a thing exists and I asked them if they felt that they were members.

Out of the total 53 women asked, only two said that they did not think there was such a thing and two more were unsure. Even these women were ambivalent, however. They might not have thought of it as a club or a culture but they did have a sense of having entered some kind of new space. Yvonne Estrup's struggle with the question was typical of all four women:

> no I don't really get that sense that, like, there's a club or anything like that, no I don't get that sense. Um, but I mean, but then, the other thing, I mean, is that, I mean, when I go to talk, when I go to this, like, new mom's thing and I talk to other mothers, I mean, there's only, I mean, you talk about the kids and stuff and, you know, what you're doing, so I mean, I guess, if you weren't a mom then I wouldn't. So, I mean, in that way you kind of feel like, I mean, I mean, you have something obviously in common with, like, I mean, they're total strangers and you're talking about all sorts of different things, um, so, I mean, in that sense, um, I guess you could say, um, I mean, you feel a part of something that you didn't before, um, so I mean I guess, but I don't get the sense of like a club or anything. No I don't get that feeling, but I do get the feeling that, yeah, I mean, now that you are a mom and stuff that, ah, um, I mean, you just feel, I mean, you just feel, like not bonded to these women, but you just feel, like, you have a connection with them because now you know especially where you're all, you know your babies are all around the same age so you're going through, you know, very similar things.

The vast majority of the mothers, however, found the concept very meaningful. Although several said that they had never thought of it as a club or a culture, they did not disagree with this terminology and Traci Samuels' reply was not unusual: "oh definitely, yeah. I definitely feel that way. It's sort of, it's a kinship. It's like being initiated into some sort of sorority or something like that. Suddenly you are privy to all these, you know, secrets or something that you never were before."

Many of the women who said that there is indeed such a thing as a "mothers' club" went on to explain what they thought to be some of its characteristics. Sometimes the characterisations had a negative tone. Blaire Hanks, for example, said that she thought the mothers' club was the creation of books and other media all trying to get women to "stress out" over never being good enough. She said that the club, or sub-clubs, were thus marked by a degree of competitiveness. Blaire told me that prenatal class was where she had first encountered what she thought of as the mommies' club and she said it was

> new agey and all, but the same shit is there as at a suburban mommies' club. Lots of competitiveness about being a better mom. In this club it was you're a better mom if you don't immunize your child, . . . but the exact same competitiveness, not in a bad way, you know, lovely people, genuine, but I just think our culture just makes it so that you're always coming from a place of not good enough or doing it right.

Blaire Hanks went on to explain, as did some of the other mothers, that mothers were all trying to be good mothers, by whatever standards, and that the culture of motherhood was where they could discuss and negotiate some of what "good mother" means. She said "they all want to be good moms, you know that's what they all want, they love their children completely, they always want to be good moms, you know." Madelaine Bell spoke of sharing with other mothers the struggle against standards of "good" motherhood that she felt were unrealistic and imposed by the broader society. She told me:

> I know more women who do feel they just can't attain (the standards). The way they feel like, they're not being a good parent . . . .but people that I'm

> close with will talk about this stuff and you talk about it's just such a load of crap that we're supposed to do all these things but then the thing is you want to be a good parent, you want to take care of your children so you do want to make sure that the, you know, that their bed is made, you know, and sheets are changed. You want to make sure they have fun, you want to make sure they have food, like, so you do the extra things and you. Because you want your children to be okay you do these things. And you know when I feel like a fraud because I'm doing these things, it's not my son that I'm angry with. It's like it has, even though it's about him it's not, it's not about him at the same time. I do it for him but it's how I'm classified by other people and by society as a whole that bothers me.

For most of the women who spoke to me, the key characteristic of the mothers' club was that mothers come together in shared understanding of each other's feelings and experiences. Eva Nichols told me

> You kind of become, you join the group of women that have been through it. It is quite an experience and there's a lot of things that there's no way that you will ever understand unless you've gone through it. There's stuff like when I was pregnant and before, people will tell you but you really don't get it. Until it happens to you. Then you get it.

Jennika Kovacs went on to explain how that "getting it" could manifest itself in very real and useful ways. She told me of the following event:

> we were just at a BBQ the other day and it really helped that there were other mothers there with younger children because the, I mean if, the whole focus wasn't just on you if the baby cried . . . and also it made me feel good because I could feel that they had to go, they have to go through the same things and they have to deal with the same things. So it kind of made me feel more relaxed and at ease. And so, yeah, in that sense I would say you're in this mommy club kind of thing that you can relate to these people and, and you're more helpful towards them, like you know, you know about their needs. Like, for example, we took turns eating and then we would switch in terms of who's holding the baby or what not. So, so yeah it's, they're just more understanding of what you're going through.

Although thematically linked, Dallis Wilson had a slightly different take on the club. When I asked her what happens in the club, she told me:

> Well you get to bitch. I'm a real complainer anyway, but it's like anything, it's so good to talk to somebody who totally gets it, whatever it is that you're going through . . . I know right now I would be thrilled if a friend came to me and said 'I'm pregnant,' . . . I would go 'okay this is what you've gotta do, you've gotta eat this, drink,' you know, just like people did to me. I really want to pass that on . . . I have this, in my head I have this little fantasy of this faceless friend of mine who's going to get pregnant soon and I have this whole pregnancy kit prepared for her right. I make her meals cause cooking's, ughhhh, the worst thing when you have morning sickness. And I'd give her this morning sickness cure I invented and all this kind of stuff. So that's part of it is that you want to share it.

Other women spoke of the "virtual mothers' club," the internet. As we saw in chapter four, many women reported having consulted the internet in some form although this tends to be the privilege of those who have access to a computer, especially those who have one at home. Sylvie Tremblay pointed out one valuable aspect of the online community: the anonymity allows for more candour and perhaps for more conflict than is usual in face-to-face interactions among mothers. She said of online discussion groups:

> I found that those are more contentious because you don't know people. You're not sitting next to them and you feel free more to express your opinions because if they are hurt, I don't mean to intentionally hurt anybody on there, you can always just abandon it. It's like, I guess I won't come here anymore and nothing is lost. In our group of 5 (mothers who meet in the offline world), I'm sure that we have different opinions about things and we talk about them in a tolerant kind of . . . manner. I'm sure some of us are thinking things like, 'I don't agree with that.' Because we meet often and because we care about each other, . . . and we care about each other's babies. We don't want to get into that kind of contentious kind of thing. On-line I think that there is a lot more of that kind of stuff. That's what I've found.

Belonging

Let me briefly reiterate that all of the mothers who spoke with me talked about the value and extent of contact they had with other mothers. Although amounts of contact varied, all the women had, from my perspective, actually entered into the space that I would consider the culture of motherhood. I reiterate this point because when I asked them, not thinking that this would be a difficult or contentious question, if they considered themselves to be members of the culture of motherhood, fewer than half of the women said they did. In fact, only 40 percent of the participants said yes and several qualified their yesses with various reservations. The other 60 percent were evenly split between those who gave a definitive "no"answer and those who gave some other answer. Most of the "other" answers were "yes and no" but one woman said she was unsure and two were just unable to clearly answer the question at all.

If we separate the responses of the heterosexual and lesbian mothers, we find slightly different numbers. Of the heterosexual mothers, 46 percent said that they felt they belonged. Among the lesbian mothers, only 31 percent said yes, they felt like members of the club. Although these numbers indicate that lesbian mothers are more likely to feel marginalised within, excluded from, or willingly outside of "the club," very often the reasons they gave for their "no" had nothing to do with their lesbianism. Apart from some of the non-biological lesbian mothers, who will be discussed below, lesbian mothers, for the most part, gave the same sorts of explanations as did heterosexual mothers for their self-positioning relative to "the club."

Let us start with the yesses, and the reasons women gave for feeling like they were, in fact, members in the club. Some of the women spoke of the importance of "the club" and of their membership in it. Traci Samuels' account touched on many of the themes discussed above:

> Because I don't work outside of the home, I think that that, for me, that has been important to have that feeling of a mommy, a mommy club, you know, where other mothers can understand what it's like, because I feel very excluded from the world I used to inhabit. You know, kind of the intellectual world and all the ideas and everything that are out there, because I'm just so focussed on her needs all the time. And to have other mothers to share that with and to be validated by them, because I think that's something you're constantly needing. There's no instruction manual and there's also no way, you're not getting, you know, graded, like in school. You're not getting a promotion. Nobody's giving you a performance evaluation or anything like that. And to have other mothers against whom you can kind of compare yourself, or just seek solace in the fact that they have been there and done that and everything.

A theme that we can see beginning to emerge in Traci's explanation is that she feels like she is a member of the club because she perceives herself to be like other mothers. Yvonne Brown, another woman who felt she was a member of the club said that she was just like other mothers because she was "taking it day by day, eat(ing) and sleep(ing) when they (babies) do - all mothers go through the same kinds of things." Dallis Wilson identified other factors that she felt she had in common with the women she perceived to be members. She told me "you know why I fit in with the club, I bet, is cause I did everything right. I'm the right age (28), I got my career first, like I finished school, got a career, got married, nine months after I got married I got pregnant. I did everything right so I fit the club."

Important though these types of commonalities were for those who felt they fit in the club, and important though their absence was for some of the women who felt they did not fit, the key type of commonality, the one that really ended up being the heart of the matter, was the question of identity and the extent to which one's identity was primarily or solely "mother." Kendra Young was one of very few women who admitted that "mother" had really become their central identity. She told me:

> Definitely, I feel like I belong to a club or, and I mean it's weird, I mean that's the major population. That's the major kind of cultural population is straight couples or married couples with children. So why does it feel like an exclusive club? It feels to me like an exclusive club. . . . I think there's more of an intimacy with the women I work with because we're all mothers. And I certainly see myself as a mother more than a nurse now, and I've been a nurse for 25 years. To me that's a job, and this is like my, my work. My work is, like, the girls. Like that's my, I would identify myself as a mother.

This is an admission that very few of the mothers were willing to make. This goes back to the reported discomfort with being perceived as "just" a mother. Women's full personalties and identities are, of course, quite salient to their own selves but many worried that other people's perceptions of them had now narrowed. Ironically, despite the salience of their own complex identities, many perceived "other mothers" in exactly the way that they themselves did not want to be perceived. This became the key factor in differentiating themselves from other mothers, even for some of those who felt that they were indeed members of the club. Ora Davis was one of the women who gave a conditional yes to the question of whether she was a member of the club; she felt that she was a member even though she was not like the other mothers:

> Because I don't buy into that big family values crap and when I hear women go off on that sort of really idealistic mommy thing, I do not think that every woman's life is made by having a child. I really am glad that I have these two kids but that's it. I want to get to my life and I would hate to do this with a man because that would take me way longer to get back

> to my life and, um, so I think yes we are a little bit, I do think we are on the margins of that and but in most respects it's from choice. We aren't, like the people even that we've met here that were friendly, that we really like, um, tend to be less that kind of a mother as well, and women with more full identities than simply just mother. And neither one of us feels fully identified by mother and that's the biggest reason I think. That's the biggest reason that Kerry went back to school, was so she wouldn't feel solely identified as a mother.

We will return shortly to this question of identifying solely as a mother. I want first to briefly examine some of the reasons that were given by women who said that they did not feel like part of the club. Most of the women who said they were not members explained that they had chosen not to be members; almost none claimed to have been excluded against their will. Some said they just did not need whatever resources membership in the club might offer. Jill Hobart, for example, told me:

> I think it does exist. I think I've chosen not to be a part of it. . . . I just thought I don't know how much more people could tell me that I don't already know and, you know, I felt like I was quite well read and just, it didn't appeal so. I think that there is, I think that people definitely try to associate, you know with moms and they get into their groups but it just, it didn't appeal to me.

Dawn Hossack said that she did not feel that she really fit into the club, in part because she is an adoptive mother, but that she would not want to anyway. She was not interested in either formal or informal "mother talk." She told me "I have never gone to, like, a moms and tots group or anything like, um, I find that sometimes people ask, well I find it a lot that people ask questions that I find are frankly none of their business." We have seen that in early motherhood many of the questions that other mothers ask have to do with pregnancy and birth, so it is not surprising that adoptive heterosexual mothers and non-biological lesbian mothers would feel alienated by, and excluded from, this type of talk. For example, Kerry Thibault, a non-biological lesbian mother, said that she often felt marginalised or excluded from the club because there seemed to be a perception that she was not really a mother. She told me "I do feel sometimes I get, well I don't know what the word is, yeah, but I get that, that I'm not, you know, not really the mom, like, you know. You know, short of pushing the baby out of my belly and experiencing breast-feeding, I know everything about babies as much as any other mother knows about babies."

In the only other response that distinguished some lesbian mothers from heterosexual mothers, a couple of the lesbian mothers said they chose not to be members of the club because, in essence, it is too heterosexual; their full lesbian identities are not acknowledged or accepted there. Kyla Iverson related the following:

> I don't belong to it, um, and I don't want to belong to it because what I see the mommies' club as being is just a collective group of individuals who don't have anything in common except that they have a child. And what Devin and I have always been adamant about is that we are lesbians and that we are that first and that we're going to be lesbian moms and that when we become mothers we're not just going to be moms, um, we'll still be lesbians and that, um, we still want to be political in that sense and so if we felt that there was this mothers' club that had depth, that would invite lesbian mommies in, then we would be into that. But I . . . hear (the nanny) talk about, ah, taking Slade to playgroups and that some of these moms are sort of hanging around and talking about, I don't know, straight things, and I don't mean to make it sound so cynical or shallow but I just, I don't have any interest in that whatsoever.

One of the main themes that emerged in women's explanations of why they were not members of the club was that they were not like other mothers. Sometimes the difference lay at the level of mothering practices and philosophies. These differences could lead women to feel inferior or superior to other mothers. Grace Obetsebi, for example, said she felt inferior to other mothers because they all seemed to know what they were doing and she felt that she did not. Jane Larson, on the other hand, said that she was not like other mothers because she is environmentalist and considers mothers who would give their babies plastic or latex, rather than wooden, soothers, to be "terrorists."

I asked the women who said they were not members of the club whether they knew of women who were members; they all said they did. I asked them to tell me who those members were. Their answers provided insight into who the women thought they themselves were *not*. For many women, an important distinction was between mothers who stayed at home and mothers who had some sort of outside occupation. For many women to whom this distinction was meaningful, the mothers' club was inhabited by women who occupied the category that they themselves did not. So stay-at-home mothers said the club members were the employed mothers who they sometimes disparagingly characterised as "super-mothers." And employed mothers said club members were the stay-at-home crowd who were sometimes disparagingly characterised as having no life beyond motherhood. Sometimes the meaningful categories had more to do with philosophy and politics. So women who identified themselves as conservative or traditional, by some criteria, said that the club members were a more liberal bunch and those who identified themselves as liberal or radical found the club members very conservative and traditional.

By far, however, the most common answer, and the thread to which we now return, was that club members over-identify with, or as, mothers. Kirby Evans, for example, said that the club mothers had so taken on a maternal identity that they even behaved in maternal, or maternalistic, ways with people who were not their children. She told me about the partner at her physician's office:

> She's really a brilliant woman and all the rest of it. But when my physician's away I don't like going to her. She's extremely intelligent and gives you all the right prescriptions, does all the right things, but she says things like "scoot down on the table." I don't scoot, you know. I'm too big to scoot . . . . She treats you like that. She's got the mommy thing, I know she has, whatever the hell it is. And gee, I never want to have it, you know. I'm never going to tell you to scoot down anything. She just comes to mind as someone who is there. And it's not that she doesn't have a career, it's not that she doesn't have a whole life and all that, but boy, she's sure got that other thing, whatever it is, and I don't have it.

Kirby went onto explain that club members do not have full identities outside of their mothering and domestic roles. Her sentiments in the following passage were shared by many women:

> Mommies' club. Well there are some women who really, just being a mommy, like it is a kind of weird thing. Yeah, there are some women who are really, like I'm really proud that I'm raising my children and all that kind of thing. There are some women who go on kind of a, mommy is probably a good word for it, like it is that kind of space. I'm trying to think of how to explain it. There's one woman who comes to (mind) and she just got divorced, and I can tell her whole world is this wife-mommy kind of thing. And like she's just really angry and hostile and wild about all the marriage and men and yikes, the whole thing, you know. I know who I am, maybe it's my age, I know who I am outside of my children, outside of my relationship. I know who Kirby Evans is. I don't have to be a member of anything.

Doreen Franklin was more succinct: "I don't think I belong to it. I think that it might exist but I was always the polar opposite. It was always very, very important to me to maintain my own identity first."

A few women used the term "mommy, mommy, mommy" to refer to those club member mothers who they perceived as being overly identified with mothering. Dawn

Hossack distinguished between what she called the big "M" club member mothers and the small "m" mothers, placing herself in the latter category, one she saw as more sensible and realistic. She told me:

> I had some friends who were the big "M" mothers who, you have to breastfeed, you quit your job, you do like all these kinds of things, you're suppose to be totally absorbed by, you know, this thing that happens to you. Small "m" mothers I think are, you know, they work part time, they work full time, yes they bottle fed their children, no we don't do this or we don't do that kind of stuff. *We* have a life too.

There was not a single woman who told me that *all* she was was a mother, who claimed that there were no meaningful parts to herself outside of her mothering role and identity. On the contrary, the vast majority of women who spoke with me expressed angst over this very question; either they were afraid of losing other vital parts of themselves because their mothering labour was so restrictive and consuming or they were afraid of being perceived as if there was nothing else to them. They were aware that they were "full" people and generally they were also aware that a small circle of close friends were also "full" people. For many, however, there exists a mass of "other mothers" who are the very thing they are afraid of being or being perceived as - just a mother. What is going on here?

The Politics of Membership

If we assume that there is such a thing as an observable "reality," then there are three dimensions to consider here: actually belonging to the club, feeling that one belongs to the club and admitting that one belongs to the club. When I first realized how many women were saying that they were not members, I was worried that perhaps the culture of motherhood did not exist, but I was soon reassured. First, I could see it and its artifacts. I could record the initiation rituals, I could observe interactions between mothers and I listened to mothers tell me about the discursive space that mothers occupy. Second, the vast majority of mothers agreed that the culture of motherhood does indeed exist. According to the Thomas Theorem (Thomas 1931 (1966)), if people believe something exists, and they behave as if it exists, then, in its consequences, it does indeed exist. The women who spoke with me can see that the culture of motherhood exists and they identify themselves in relation to it, sometimes as insiders and sometimes as outsiders. As I have said, it looked to me as if all the women who spoke with me were members of the club even if some, such as non-gestational (heterosexual or lesbian) mothers are sometimes relegated to the margins. I am not, however, going to dispute the claims of so many mothers that they were not members. What I will do is examine some of the reasons, apart from any possible "objective" membership, or lack thereof, why women might want, or not want, to be members, to feel like they are members or to admit that they are members.

The Main Advantage of Not Belonging

The main advantage of not belonging, or not identifying, to one's self or others, that one belongs, is that one is allowed to maintain a sense of uniqueness. The liberal, modernist tradition in Canada manifests itself in a culture that strongly values individualism, free-will, self-determination and the notion of each of us being special, wholly unique and self-made people. Notions like these are easiest to maintain if one does not belong to a group in which one is, in many ways, just like everyone else. The rhetoric of individualism is so strong that people, in general, are often able to overlook the ways in which their "uniquenesses" are identical to everyone else's.

The difficulty, and the irony, however, is that pregnant embodiment fundamentally belies notions of self-made, autonomy. In a way that no other human experience can evoke, a pregnant woman, a woman who is co-habiting one bodily space with another human life form, *is* the undeniable truth that nobody is actually "self-made." Pregnant women do not merely represent life and death - they *are* life and death. Pregnant women are the belly-forward trumpeting of some of our worst existential fears. Simone de Beauvoir expressed this beautifully over fifty years ago:

> Wherever life is in the making - germination, fermentation - it arouses disgust because it is made only in being destroyed; the slimy embryo begins the cycle that is completed in the putrefaction of death. Because he is horrified by needlessness and death, man feels horror at having been engendered; he would fain deny his animal ties; through the fact of his birth murderous Nature has a hold upon him.(de Beauvoir 1952: 165)[12]

This might explain why pregnancy has so often been a time of "confinement" and why western maternity fashions have traditionally tried to downplay "the bump." The truths of our fundamental, organic, dependent, interconnectedness fly in the face of modernist, liberal ideals of the person fashioning her or himself, bringing the self into being, through processes of rationality and autonomy. While possibly existentially comforting, such aspirations come at a price.

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[12] When de Beauvoir speaks here of "man" and uses the male pronoun, she really does mean men; she is not using the male pronoun to refer to all humans. Nonetheless, I would argue that what she is saying could, in fact, be applied to all humans, regardless of sex.

The Main Disadvantages of Not Belonging

Choosing not to associate with a group of people from whom one considers oneself to be incommensurably different can lead to a large degree of social isolation. Although very few of the women who spoke with me said that they had very little contact with other mothers, for some this was true. Some, as we have seen, made this choice. Others appeared to have been isolated by circumstances such as poverty, depression or the overwhelming needs of a disabled baby.[13] The mothers who actually had little to no contact with other mothers often reported feeling alone, frightened, unrecognised and overwhelmed.

It was sometimes difficult to tell which factor came first - the lack of contact or the apparent reasons for it. For example, both women who suffered from postpartum depression reported feeling very alone and isolated in their mothering. It appeared to me that this isolation was a contributing factor in their depression and that the depression then made it even more difficult for them to seek out the contact and support that might have made them feel better. Although considerable amounts of research (including Beck 2001; Berggren-Clive 1998; Fox and Worts 1999; Lee 1997; Leitch 2002; Seguin et. al. 1999; and Watt et. al. 2002) have found correlations between PPD and social isolation, only Mauthner (1995) emphasizes that it is isolation *from other mothers* that is of greatest significance. I will return to a fuller discussion of the importance of this finding in chapter six.

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[13] Only one of the 53 mothers who spoke with me had a baby who had been born with a severe, and permanent, physical disability.

Overall, it was rare for the mothers who spoke with me to say that they had very little contact with other mothers; most said they had tremendous amounts of contact with other mothers. The conviction, however, that one is not like those other women can lead to a real sense of alienation and loneliness. The comforts of being unique, special, and possibly superior can be effectively undone by being an alien outsider.

The Main Advantages of Belonging

One of the primary advantages of belonging to a group of similar others is the sense of community and connectedness that can arise from such membership. For all our romance of individualism, I would suggest that it can also be tremendously gratifying to feel well-ensconced in a group within which one's offerings, and claims to knowledge or authority, are acknowledged, valued and indisputably equivalent to those of other members. Many women spoke of this very phenomenon and this was related to the second main advantage of belonging, the affirmation that women received from other mothers. Many women said that there are several aspects of mothering that only other mothers can understand and appreciate. These included labour and birth experiences, emotions for the babies and the daily challenges of baby-care. It is thus often other mothers who are able to most meaningfully affirm the experiences of any one mother. If one does not have contact with other mothers, or if one identifies one's self as being fundamentally different from other mothers, then one does not experience this affirmation.

The third main benefit, and one that has been discussed extensively, is the exchange of knowledge and resources. It is the reciprocity that is important here. It is not merely that women receive knowledge, resources and material goods from other women; they do and they value it. Just as important, however, is the fact that mothers get to become people who have knowledge, resources and material goods to pass along to others. If one does not value the knowledge and resources of mothers, or if one does not have contact with other mothers, one cannot enjoy the ego-building and identity-establishing benefits of participating in such exchanges.

The Main Disadvantage of Belonging

It would appear that the main disadvantage to actually belonging to the club, or to identifying one's self as a member, is the struggle over identity that ensues. So many women spoke to me of their distaste for mothers whose identities were overly defined by motherhood and of their fear that they would be perceived that way. Nobody wanted to be a "mommy mommy mommy," and many were willing to distance themselves from the club or its members to assure that this did not happen to them. Why is this so frightening?

In part, it is frightening because many of the activities of women in general, mothers in particular, are stigmatised and devalued in the larger culture. The devaluation of women's work that leads to women earning lower wages than do men, is part of the same cultural misogyny that characterises women's housework and child-care labour as trivial, as not really work at all. Similarly, stigma and scorn surround the actuality of women simply speaking to each other. Women's talk is disparaged as gossip, as self-indulgent, as being about nothing or at least about nothing important. The apparent fact that women can spend so much time discussing "nothing" can be taken as evidence of their silliness.

Although some of the women said that their male partners sometimes entered into parenting discussions with other fathers, many also said that when they started discussing mothering topics with other mothers, the men would vacate the area, rolling their eyes as they went. Women's lives, as we have seen, are consumed for the short period of early motherhood, by exchanges of birth and labour stories, by discussions of the minutia of daily life with a baby, by a surprising amount of talk about infant excrement. While women might not want to lose themselves in these details, in topics that have no recognized social value, they need desperately to be able to discuss them and then discuss them again. They need to harvest these experiences for the wisdom they contain and imply. They need, in short, to feel that being up to their elbows in baby shit is a valuable and worthwhile use of their own humanity. Often it is other mothers who can provide this affirmation. Tragically, it is "other mothers" who are reviled not just by society at large but by mothers themselves. We thus end up with my sample of women who consistently tell me that they identify *with* other mothers but many of whom strongly hesitate to identify *as* them.

I am reminded of Groucho Marx saying that he would not want to join a club that would have him as a member. These are the cultural complexities of motherhood. The labour that brings new human life onto the planet, the work and thought and energy that go into caring for the young, the experiences of motherhood that are utterly and fundamentally transforming for the women who experience them, have traditionally been dismissed as simply "nature," commonplace mammalian activities. Human culture is what lifts our mammalian existence into the realm of meaning and value. Hegemonic culture, however, has largely denied women this discursive reification of those experiences that are uniquely female.[14] Women must do this for themselves and for each other. When Anne Isely says that her contact with other mothers provides her with a reason for being, she is touching on a very important truth. In a fundamental way, other mothers provide not just a reason for being, they provide being itself. It is the culture of motherhood that gives language, meaning, and affirmation to what would otherwise be unarticulated or inaccurately represented mothering experiences.

As long as mothers occupy a dimension of social space that is populated only by other mothers, they remain in a situation where only other mothers can truly understand the experiences of which they speak and the languages they use to do so. As long as mothers, what they do, what they experience, what they say, and what they feel are devalued, ignored, or ridiculed, women will be left in the ironic position of needing and seeking affirmation of those reviled and stigmatised aspects of their lives but being able to find such affirmation only from other people from whom they must distance themselves because they, too, are the reviled. I would suggest that it is a victory of patriarchy when women have so internalized misogyny that they must simultaneously seek affirmation of their devalued experiences while rejecting and disavowing the very people who can offer such affirmation.

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[14] By "uniquely female" I mean those experiences that are physiologically unique to some female bodies, such as menstruation, pregnancy and parturition. I also mean experiences that have been socially classified and assigned as the domain of women, such as mothering and much housework, when there is no physiological necessity for this classification at all.

Chapter Six

Conclusions

> "But what sort of club is this?
> Mothers and daughters share the secret society
> of those who are guardians of future generations:
> they are united in their protectiveness,
> in that special sort of anxious devotion
> that is the birthright of children in our culture.
> Yet in becoming a mother,
> a woman acquires a new kind of citizenship;
> or is deprived of one" (Oakley 1979:267).

While gestating, birthing and lactating require female bodies with particular functional capacities, there is nothing in the work of socializing, clothing, educating, nurturing or feeding children that necessitates that this work be performed by women. There has been a global tendency to "motherize" childcare in strongly gendered ways. Is the work of mothering devalued because women perform it or has it been given to women because it is devalued? A bit of both, as I will elaborate below.

Theorists (Draper 2003; Hepworth and Featherstone 1998; Longhurst 2001; Lupton 1994; Schmeid and Lupton 2001) argue that women's bodies are culturally constructed as messy, even contaminated, compared to male bodies. Female bodies are always slipping their boundaries, expelling liquids such as vaginal secretions, menstrual flow, breast milk, even tears and, in what might be the extreme image of horror, sometimes even expelling other human beings. Although, of course, not all female bodies give birth, birth is not possible without female bodies and thus female bodies, in general, become associated with birth, with its messiness, its blood and other excretions. As argued in chapter five, the association of the female body with birth is also its association with death. Rosi Braidotti (1997: 65) speaks of "the maternal body as the site of the origin of life and consequently also of the insertion into mortality and death. We are all of woman born, and the mother's body as the threshold of existence is both sacred and soiled, holy and hellish; it is attractive and repulsive, all-powerful and therefore impossible to live with." In a patriarchal culture, this is a body that must be contained and controlled, not just for the sake of the continuation of the species but because of the existential challenges it poses.

I am not suggesting that maternal bodies create babies alone, certainly sperm is also necessary, but it is the labour of maternal bodies that brings new humans into the world and it is largely the care-giving labour of women that keeps those life forms alive in their early years. This is a massive job. Essentially each woman, in the privacy of her home, is responsible for keeping the world going. It is in women's hands and wombs to decide whether and how humanity will continue. This is why the control of women's reproductive capacities is such a charged and contentious topic and why women demanding reproductive self-determination are so terribly threatening. Certainly men could also bring the whole human project to a halt by refusing to share their seed but this seems unlikely in a patriarchy. More likely is the struggle to control women's reproductive capacities and to deny, defuse and obfuscate the enormous amount of existential power that women, through their association with maternity, actually have.

And so, in a bizarrely suicidal manner, society offers no real support for mothers. Certainly lip-service is paid to motherhood and tokenistic gestures are made toward mothers, for example with "mother's day" and its slavish obsequiousness about "sacred motherhood." Such events, however, are an insult to, a mockery of, the actual labours and sacrifices involved in mothering. Mothering is often, in fact, perceived and presented as nothing, as doing nothing, as "merely" a labour of love, as just doing what comes naturally, as not deserving of pay or any other sort of compensation, and as a purely personal choice, as if the state's very survival does not depend on the production of well-socialized citizens. It is thus somewhat remarkable that when women do have some degree of reproductive self-determination, such as in Canada, they actually still choose to pursue motherhood.

But choose motherhood they do. The vast majority of females in Canada will give birth in their lifetimes and yet the body of experiences associated with mothering remain segregated. This includes the segregation of mothers in their individual homes or family circles. It also includes a more philosophical sort of segregation - the cultural segregation of mothering discourses and practices. If culture is what shifts human existence from the inchoate into the realm of meaning and signification, then it is of fundamental significance when only part of the population has the power to name, to signify, to decide what is worthy of speaking about, what exists. It is not a new feminist contention that language is largely man-made and that it reflects experiences and perspectives that are common to males. Since there is much in the nature of human life that is shared by males, females and all other sexes, it is possible to meaningfully share the language even if one did not have a say in its creation. We are all born, we all die. We all experience hunger, illness, joy, grief, pain and comfort. But there are things that only female bodies do and it is not biological determinism to acknowledge this or to stop for a moment and consider their significance. Traditionally, in the canons of philosophy, medicine, and human and social sciences, the ways in which female bodies differ in their structure or function from male bodies have been pathologised, demonised or simply unacknowledged, left in silence. Many of those differences are linked, directly or indirectly to the reproductive capacities of female bodies.

Males and females also, broadly speaking, have different experiences of life, not because of physical differences between them, but because those differences have been encoded and signified in particular ways - gender. There is nothing essential, eternal or universal about these differences. They manifest themselves differently through time and across cultures. But wherever gender exists, wherever it matters what sex of body one inhabits, then the gender groups will have different experiences of life on the planet. And if the language reflects the experiences and values of the dominant group, and the dominant group, cross-culturally and trans-historically, is men, then, again, we would not expect women's experiences to be meaningfully represented in that language.

Women have the same capacity for creating language, meaning, symbol systems, in short, culture, that any human does. For many aspects of women's lives, peace can be made with the mainstream languages available - nobody's experiences can ever be perfectly captured by the languages available to one. But for those aspects of women's lives that differ from men's, whether the reason be physiological differences or differences in experiences due to the demands of the gender system, then women have been left to themselves to articulate and signify their experiences, and primarily with each other.

And thus we see the possibility and the necessity of a culture of motherhood. It is within this space that the experiences of motherhood can be meaningfully articulated, even if such articulation remains as frustratingly imperfect as any articulation of human experience. It is here where one is acknowledged as not only making a noise but making meaningful noise when one speaks. It is here where others reach out with their own words and joint attempts are made to weave tapestries of meaning.

Certainly there are ethnocultural differences in mothering practices. There can also be social class-based differences within any one ethnocultural group. We have also seen that within seemingly very homogeneous groups, there can be significant ideological differences leading to different mothering practices. The actual content then of what is being signified differs between women. Further, the decisions that are being made and discussed by an expectant mother in Canada are likely to differ from those being made by an expectant mother in another country. Mothering practices and options might vary so widely that it would seem that no conversation is possible. And certainly linguistic differences would render groups of mothers unable to talk with mothers from other linguistic groups. This, however, did not stop the women who spoke with me from affirming that there is something transcendent about the experiences of mothering that can be shared between mothers, even without words.

I do not know if they are correct, or if this is a privileged "western" perspective. I could not know this unless I were to speak with mothers globally and see what their perceptions and experiences are. I believe, however, that wherever there are mothers, there is a culture of motherhood, with its rituals and rites of passage, with its shared and disputed value systems, and with its shared discourse, even if, and this is always the case with culture, the actual contents of the culture vary from place to place and time to time. I make this argument because there is no society where women's experiences are the "norm", where women and men are so equal that people have ceased to be gendered or where the parenting work of men and women does not still differ. As long as women and men are differentiated, as long as women are silenced within mainstream discourse and relatively devalued, as long as women are held primarily responsible for the labour of raising children, and as long as women have access to each other, a culture of motherhood will exist.

Locally situated cultures of motherhood always exist in a reciprocal relationship with the larger cultures in which they are embedded. They filter, negotiate and transmit larger cultural values and constructions about mothering, children and childcare. Although it can be a place of affirmation and meaningful acknowledgment, it is also a place of negotiation, debate, disagreement and, sometimes, conflict. We saw, for example, that women were hearing from other mothers the same messages about the necessity and value of breast-feeding that are currently pervasive in the larger culture. Mothers who were unable or unwilling to breast-feed did not always have an easy time finding affirmation among other mothers.

The culture of motherhood does not stand apart from, or in opposition to, the larger culture. It is, essentially, a supplementary cultural space where the articulation and signification of a particular body of experiences can be struggled with. The culture of motherhood, the mothers' club, is a mixed blessing for mothers. Although it might be the only place to articulate a wide range of mothering experiences, it is also a place where one might be negatively judged, even rejected. The club can be a painful place. This was experienced by women who were told by other mothers that their c-sections were the "easy way out". Some women found the ascriptions of "placenta brain" from other mothers markedly non-empowering. The stigma that exists around the use of pain-medication in birth is also unpleasant and distinctly unfair, considering that the majority of women reported that they had, in fact, used some sort of pain medication.

So the mothers' club is not necessarily a happy, jolly, space of mutual empowerment and encouragement. Just as the work of motherhood deals with the foundations, the basis, the maintenance and the excrement of human existence, the culture of motherhood undertakes the very difficult task of mediating and negotiating competing discourses of motherhood, whether philosophical, medical, feminist or other, while making livable meaning out of real women's actual experiences of motherhood. We see the limitations of the culture when we examine the topics that mothers feel they are not able to articulate with other mothers.

We have heard women say that even when they could discuss the challenges and difficulties of mothering with other mothers, they did not feel comfortable admitting to negative emotions about those experiences. Likewise, women did not find among other mothers discursive space to discuss feelings of depression or despair. It would appear that mothering topics that do not get discussed with other mothers do not find a very wide audience elsewhere either.

It is, in fact, in an examination of some of these "darker" experiences of motherhood, that the importance and value of the culture of motherhood becomes apparent. As mentioned in chapter five, much research on postpartum depression has identified a lack of social support as a contributing factor in the depression. Responsibility is often placed, implicitly or explicitly, on the father who is blamed for not sharing enough in the labours of parenthood and for not being the sympathetic confidant that his wife might need. Additionally, women who are mothering at home are generally assumed to be isolated. Some researchers, however, have suggested that we need to critically revisit these assumptions.

Several theorists (including Mauthner 1995; Oakley and Rajan 1991; O'Connor 1992) have argued that "social support" has been operationalized in heteronormative ways such that the heterosexual partnership is valued over relationships between women. Such relationships between women do, of course, exist, and are so pervasive that they seriously complicate notions of "isolation." Bell and Ribbens (1994) contend that ideas about the social isolation of mothers are based on the assumption that there are clear divisions between "public" and "private" space and that "private" spaces are relatively socially isolated. On the contrary, Mauthner (1995) argues, mothers tend, as my research has shown, to have extensive contacts with other mothers. In this case, isolation is not the norm; it is the exception and would need to be explained. She claims that "mothers do form relationships with one another. Consequently, the isolation felt by some mothers cannot be taken for granted. Rather, we need to ask how and why mothers might come to feel isolated" (Mauthner 1995: 313). "Isolation," in this instance is operationalized as a lack of contact with other mothers. Similarly, Bailey (1999) found that pregnant women "whose social circles were not dominated by mothers found themselves feeling isolated" (7).

Mauthner's (1995) research with women who had suffered postpartum depression revealed that the depression, for every woman with whom she spoke, was initiated or exacerbated by isolation from other mothers. The depressed women withdrew themselves from the discursive company of other mothers because they felt that what they were experiencing and feeling was too unacceptable to be discussed. It was only in reconnecting with other mothers, perhaps in the setting of a self-help group for women with PPD, that the women with whom Mauthner spoke were able to begin pulling themselves out of depression. She explains that "recovering their voices, talking to other mothers, and discovering that their experiences were not unique, were key to the move out of depression for all of the mothers in my study" (Mauthner 1995: 320).

Certainly, social isolation, however defined, is not the only factor in PPD. There are numerous other social, emotional and biochemical factors that can be involved (Beck 2001 and Leitch 2002 offer good overviews of the research on these factors).

Nonetheless, it is significant that for each of the women with whom Mauthner spoke, regardless of the other factors contributing to her depression, it was the amount of meaningful, discursive contact with other mothers that was a key factor in her descent into, and her climb out of, the PPD.

A couple of themes are underscored here. First, is the very significant role that other mothers play in any one mother's ability to make livable meaning out of her mothering experiences. Second are the poisonous consequences of two processes: the culture of motherhood channelling the hegemonic romantic constructions of motherhood; and the culture of motherhood accepting and perpetuating the hegemonic devaluing of motherhood in general, and the outright denial of mothering experiences that are considered wrong or deviant.

If mothers do, in fact, need the company of other mothers, and I contend that they do, what can be done to facilitate this? We could begin by examining the various discourses and constructions of motherhood and the ways in which they serve to distance mothers from each other. We need, for example, to critically examine the ways in which medical discourses of pregnancy and mothering remove authority from the women experiencing these things and place it in the hands of specialised practitioners. Marshall and Woollett (2000: 353) argue, in this regard, that a "discourse of rational science serves to legitimate medical/obstetric accounts of pregnancy, to isolate women as mothers-to-be from networks of relationships and render illegitimate other sources of knowledge."

Women themselves, and the larger culture, must begin to actually value the knowledge that comes from mothering experience. Ironically, a culture of self-help that would seem to be devoted to empowering people to make change in their own lives, often simply reinforces the notion that the real authority lies with the people who write the books - readers can merely hope to learn to apply some of that knowledge. Mauthner (1995: 320) argues that "the advice given by much of the pregnancy and childcare literature not to listen to "old wives" tales of experienced mothers . . . is particularly inappropriate. Pregnant women, and mothers, should be encouraged to, not discouraged from, talking to each other."

Mothers' talk, then, must be both encouraged and facilitated. This is already done, in part, by services like new-mothers groups sponsored by public health offices. As we saw, however, several of the women who spoke with me did not attend such groups. Similar groups, not under the auspices of a health-care facility, are more appealing to some mothers. Some local community halls, for example, host new-mother drop-ins, without the presence of a community health nurse or the overarching implication that early motherhood is primarily a medical event, or an event that requires medical surveillance. Increased funding and support for these sorts of activities might go a long way toward facilitating new mothers' access to each other.

Certainly, many Canadian mothers have access to a home phone, and growing numbers have access to a home computer, both of which can assist in maintaining connections between mothers. Often, however, with the exception of people "met" in cyber-space, women must first actually meet the people with whom they will later maintain contact. O'Connor (1992: 44) argues that "a concrete inhibitor of women's friendships within patriarchal society arises from the scarcity of public spaces where women can meet and mingle and form friendships." It might thus be very useful to survey mothers to determine what sort of public spaces they would like to have greater access to, or what other factors might make it easier to meet and befriend other mothers.

Future Research and Applications

The heteronormative constructions of partnership and family that prevail in Canadian culture make it likely that same-sex relationships, whether friendships or sexual relationships, are defined as, at best, secondary in importance. Friendships, whether same-sex or other-sex, also tend to be perceived as supplementary to the intimate relationships that are assumed to create the foundation of one's life. By this heteronormative world view, women are assumed to be heterosexual and their relationships with their male partners are assumed to outweigh, in functional importance, any and all relationships with other women, be they friends or relatives. One of the things we need to do as researchers, if we want to understand women's lives, is to set aside all assumptions about who women are connected to, the ways in which they are connected to other people, and any normative expectations of those relationships. We need, instead, to listen to what women tell us about the actual existence and functional significance of the various relationships in which they are embedded.

My research has uncovered the very real importance of contact between mothers. It has also underscored the damaging repercussions of the devaluing and denial both of those connections and of their importance. I would suggest that we need much more research that investigates the functional significance of social connections between mothers. We need to further examine linkages between such contact and the ways in which mothers come to understand and experience their mothering. We need to conduct research that starts from the perspective of supporting, acknowledging and valuing relationships between women in general, between mothers in particular. We need also, as mentioned above, to conduct research into ways in which such relationships can be facilitated.

My research has uncovered the ways in which contact with other mothers helps women to normalize, articulate and value the physical and social transitions marking the journey into motherhood. My research has also extended previous work examining the changes that occur in women's relational worlds as they become mothers. Further, this research has brought to light the dilemma that mothers face when they need affirmation of their devalued mothering experiences but must seek it from similarly devalued people.

I have focussed, however, only on the months preceding first motherhood and the couple of years following the transition into motherhood. Most of the mothers who spoke with me were, in fact, in the first year of motherhood. This allows us a detailed and intimate examination of early motherhood, the period that Jackson (1992: 4) says is particularly vulnerable to "maternal amnesia." While it is valuable to retrieve the early experiences of motherhood, and their negotiation and articulation within the culture of motherhood, before they are lost to the mists of "maternal amnesia," we must, of course, bear in mind that this provides only a small picture of motherhood. The culture of motherhood is conjured anew every time mothers engage in maternal discourse and, generally, once a woman becomes a mother[1], this occurs for the rest of her life. The contents of the discussions change over time as the details and requirements of the mothering job change over time.

If we want, then, a much fuller view of the culture or cultures of motherhood we need to follow mothers through their lifecourses and even into grandmotherhood. Vangie Bergum (private correspondence, 1996) has suggested, in fact, that there is such a thing as a culture of grandmotherhood. There are two chronologies that are relevant - that of the mother (her own age) and that of the motherhood (her length of time mothering). It would thus be valuable to examine experiences with the culture of motherhood across different ages of mothers as well as across mothers who have mothered for different lengths of time.

We need also to expand the scope of the study to include a more ethnically and racially diverse group of Canadian women and a more diverse group of women globally. This will allow us insight into the various local manifestations of the culture of motherhood, and also goes some way toward answering the question of whether there is some transcendent commonality shared among all mothers.

There are other fragments that emerged in the course of this study that would also benefit from further research. Some of these revolve around experiences of lesbian motherhood, sometimes as compared to heterosexual motherhood. For example, of the two women who reported suffering from PPD, one was lesbian and the other heterosexual. It would be valuable, however, to compare the rates of PPD between heterosexual and lesbian women. If, as I have suggested, a lesbian relationship constitutes its own mini-mothers' club, and if contact with other mothers can ameliorate depression, we might expect to find lower rates of PPD among partnered lesbian mothers.

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[1] It might be possible, however, for a woman to lose her membership, for example if her only child dies or if she relinquishes or loses custody of her children.

I also found that more lesbian families in this research, compared to my earlier research (Nelson 1996) had used sperm from men they knew, and that these men were more likely to have some sort of relationship with the children. It would be valuable to know if this is indicative of a broader trend in lesbian parenting. Additionally, I was struck, as discussed in chapter five, by lesbian mothers, generally in their thirties to very early forties, speaking about what sounded like a process of depoliticization that might have accompanied motherhood, might have been an effect of age, or might have been an effect of the length of time already spent in political activism. We would need to gather a sample of lesbian women who felt that they had become less involved in lesbian political activities and causes and then hold each of these possibilities constant while testing for the others. It might have absolutely nothing to do with motherhood, but the lesbian community would benefit from knowing what the mechanisms are whereby women drift away from some forms of political activism.

I would also like to see more research being done on the virtual community of mothers. There is every indication that the Internet will continue to be accessible to more and more women, and it could be useful to trace the effects of virtual contact between mothers on actual contact between mothers. It is possible that access to a virtual community could alleviate some of the isolation and loneliness associated with limited contact with actual mothers, and that virtual contact might actually start to replace "real" contact.

I have suggested that all of the women who spoke with me were members of the culture of motherhood, even if they did not identify as such. It is possible, however, that there are mothers who actually are not members of the club. I would suggest that it is possible for women who are technically mothers, by virtue of birth, adoption or the labour or mothering, who are not recognized within the culture as mothers and thus are not considered valid discursive partners within the cultural space. This might be, for example, because they have no legal status as mothers, because they have lost their children through state apprehension, or because they engage in mothering practices too far beyond what is considered acceptable. Thus, it would fill out the picture of the culture of motherhood to know both who is excluded from it, rather than simply who chooses not to identify as a member, and the conditions under which a previous member might have lost her membership.

We might even seek clues in an examination of who did not volunteer for my research. As mentioned in chapter one, no step-mother, qua step-mother, volunteered. One participant who was a step-mother to her husband's son from a previous marriage, explained that the reason she volunteered was that she had just given birth to what she considered her first child. She did not consider herself a mother to her husband's son and she reported that nobody perceived her as his mother either. I suspect that many step-mothers are denied a claim to motherhood status regardless of how much mothering labour they perform or how much affection they might have for the children.

Fatherhood is also deserving of attention. We need to know about fathers' feelings, perceptions and experiences of fatherhood, and about the nature and content of their connections with other fathers. We also, however, need to know how fathers are impacted by the culture of motherhood. Growing numbers of fathers are involved in growing amounts of primary baby and child care. There was no indication, however, from the women who spoke with me, that fathers were invited into "the club" or that fathers had expressed any desire to become members. Of course, if the majority of women deny membership because they do not want to be perceived as being like other women/mothers, we might expect that men would be even more likely to keep their distance from the club.

Concluding Thoughts

The culture of motherhood is an unstable cultural space. It has no enduring artifacts and no globally shared form, language or values. It is always materializing when its members come together, but it is largely not self-conscious in the sense that it does not identify itself as a culture. Membership is thus also easier to deny than membership in some other types of alternative cultures or sub-cultures, such as "trekkies" or "deadheads" for whom cultural membership becomes a valued part of their identity. In other types of alternative cultures and sub-cultures there is a feeling of similarity or commonality between members. In the culture of motherhood this feeling is mitigated by the equally strong conviction of many mothers that they are different from most other mothers. Unlike many other cultural or subcultural groups, the culture of motherhood does not purposely create artifacts to record or represent itself or to mark its members.

What the culture of motherhood has in common with other types of cultural spaces and groups is the exercise of meaning-making. Culture is what signifies, represents and articulates human experiences in particular ways. Although it has its limitations, the culture of motherhood offers discursive and reificatory possibilities to mothers that simply do not exist elsewhere.

In 1976 Adrienne Rich distinguished between the experiential and the institutional dimensions of motherhood. The oppressiveness of motherhood lies, she argues, in the institution of motherhood, in the ways that mothering work is organized, segregated and devalued. It is my argument that it is the institutions, not the experiences, of motherhood that necessitate the culture of motherhood. We cannot say that there is only one institution of motherhood; motherhood is organized differently across societies. Likewise we cannot say there is only one culture of motherhood; the culture manifests itself differently across various social groups. As long, however, as the institution(s) of motherhood are not created by the people doing the mothering work, as long as the institution(s) of motherhood do not reflect and value the real experiences of actual mothers, there will be a need for a culture of motherhood to try to carve out a conceptual and discursive space for all that is currently denied, ignored or rendered silent.

This is not to say that there is some fundamental or universal truth to the subjective experiences or to the labour of mothering that merely needs to be brought to light. On the contrary, it is the institutions of motherhood that attempt to create this illusion of uniformity. The work of creating and raising children is complex, demanding and messy, but it is the foundational labour of human existence. There is no need, however, apart from custom and social or economic coercion, for women to take primary responsibility for this labour.

Feminists have been fighting for reconfigurations of mothering for decades, and change has been slow. Additionally, change is not necessarily progress; different institutions of motherhood can be equally alienating and oppressive. Identifying and elucidating the culture of motherhood, as I have done, is an essential step in the journey toward valuing the work women perform and/or freeing them from the performance of it.

Here, however, we also run into a quandary common to much feminist theorizing and research. On the one hand is the desire to retrieve, honour and value the experiences of women, to empower women so that they feel proud and strong in who they are, in the work they do, and in the company of other women. On the other hand, is the realization that if gender did not have meaning, if men and women did not, to some extent, occupy different social spaces, then we would not need to reclaim and rehabilitate "the feminine."

So, let us return to Le Guin's (1989) suggestion that the work and talk of mothering take place "in the other room." Is the goal, then, to renovate and refurnish the room so that it is more comfortable for those who reside within? Is the goal to demand that this room be valued equally with all other rooms? Is the goal to open the doors so that mothers and fathers can move in and out freely, even if, at first, such movement must be forced? Is the goal to tear down the room, tear down the house, and live communally?

Truthfully, I rather favour the latter of these options, if it means that sex and gender cease to be meaningful in terms of how people, their experiences and their labours are organized. And certainly we might be moving in that direction. In the meantime, however, while people are categorized as men and women, and while the primary work of "mothering" is assigned to women, we need to work to find ways to assist women in that work and to make "womanhood" and "motherhood" statuses that people do not shy away from or disavow. We must work to change the fact that the culture of motherhood is simultaneously the place where mothers come together to make sense, meaning and value of their mothering experiences and the ghetto from which many try to escape by affirming that they are more than "just a mother."

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Appendix II: Consent form - Interviews

CONSENT FORM

I agree to participate in this study which is being conducted by Fiona Nelson, a graduate student in the department of Sociology at the University of Alberta. I have read the information sheet supplied and I understand that this is an exploratory study designed to obtain information about my experiences with motherhood. I understand also that:

-participation in this study will involve one or two informal interviews, each lasting one to two hours, at the time(s) and location(s) most convenient to me;

-the interviews will be audiotaped but I will not be identified by name on the tapes, in the transcripts, or in the final written report;

-the tapes will be stored under lock and key until they are transcribed and the transcripts verified, at which time they will be erased;

-someone other than the interviewer (Fiona) might be hired to transcribe the tapes, but there will be no identifying features on the tapes that would allow that person to identify me;

-I may decline to answer any question(s) and am under no obligation to provide any information that I may not wish to;

-I am free to withdraw my consent to participate in the project at anytime;

-this research is being conducted, in the first place, for the purposes of writing a Ph.D. dissertation. I understand, however, that this work, in whole or in part, might at some later date be published.

______________________	______________________
Date	Signature

Appendix II: Consent form - focus groups

CONSENT FORM

I agree to participate in this study which is being conducted by Fiona Nelson, a graduate student in the department of Sociology at the University of Alberta. I have been given information by Fiona and I understand that this is an exploratory study designed to obtain information about women's experiences with motherhood and about how mothers interact with each other. I understand also that:

-I am being asked to participate in a focus group, facilitated by Fiona;

-the purpose of the group is to give Fiona some feedback on some of her research findings so far, and discuss some ideas or topics that she would like to explore more fully;

-the proceedings of the group will be audiotaped and later transcribed (the transcription might be by someone other than Fiona);

-Fiona will also probably make written notes of the group discussion;

-I will not be identified by name on the tape, in the transcript, in the notes or in the final written report;

-If I have not already chosen or been assigned a pseudonym, I can choose or be assigned one now. This will be used to identify me in the notes and in any subsequent write-up;

-I am free to withdraw my consent to participate in the project at anytime;

-if I have any questions or concerns about the project, I am encouraged to contact Fiona or her supervisor.

-this research is being conducted, in the first place, for the purposes of writing a Ph.D. dissertation. I understand, however, that this work, in whole or in part, might at some later date be published.

____________________________ ________________________________

Date Signature

Appendix III: Interview guide - Pregnant women

INTERVIEW GUIDE - Pregnant Women

Pseudonyms:

I. Demographics

- -age
- -ethnicity
- -marital status
- -occupation
- -education
- -place of residence (e.g. urban, rural, reserve etc.)
- -how far along in pregnancy
- -partner's age occupation and education
- -length of time together

II. Pregnancy

-What have been the most **surprising aspects** of this journey so far?

-**When** did you first tell people you were pregnant?
  - -who did you tell?
  - -how did they react?
  - -how did you feel about telling them/their reactions?

-Are there **special clothes** that you wear?

-How are you **feeling in your body** as it changes?

-How are **others responding** to your body changes?

-Are people **treating you differently** now that you are pregnant?
  - -when did this begin?

-Do you ever feel that people are **interpreting you through your pregnancy**?

-Do you ever feel that people are **paying more attention** to your pregnancy than you are comfortable with?

-Do you ever feel the need to assert "**hey, I'm still me**"?

-Are people giving you **advice?**
  - -what sort of advice?
  - -is this advice solicited or unsolicited?
  - -who are you most likely to ask for advice?
  - -what are you be most likely to ask for advice about?
  - -does anybody ask you for advice?

-Are people **touching** you?

-How **valuable is contact** with other mothers?

-Are there any **books** or other material that you are finding particularly useful?

-Are there any people who **decline(d) to give you advice**?

-Do people tell you about their **experiences with pregnancy, childbirth** and mothering?
  - -**who** tells you these things?
  - -how do you feel about being told these things?

-Are you finding **relationships** changing during the pregnancy?
  - -with partner
  - -with friends
  - -with co-workers
  - -with strangers
  - -with siblings and siblings-in-law
  - -with mother and mother-in-law

-**Nightmares** and the salience of **death**

III. The Journey

-Do you **feel like you are a mother** or identify yourself as a mother?
  - -when did this first happen?
  - -what brought this about?
  - -how did that feel?

-When did you first think that **things that are directed at mothers** (e.g. magazines, books, ads, etc.) were directed at you?

-Do you think **other people** have started **identifying you** as a mother?

-What are some **mommy type things** that you are doing already?
  - -e.g. what are some things you are **having to make decisions** about?

-Do you have any sense of entering a **"mommy's club"** or "inner circle" or that sort of thing?

-Do you think there are things that **only a mother could know** or understand?

-Are there things that you feel you could **discuss only with another mother**?

-Are there things that you specifically would **not discuss** with another mother?

-How do your **conversations with other mothers** generally make you **feel**?
    -about yourself?
    -about yourself as a mother?
    -about your children?
    -about your partner?
    -anything else

-How important is it to you to be able to **talk to other mothers**?

-What are the **hot topics of conversation** these days among mothers?

    -What are likely to be **contentious topics**?

-Do you ever think about whether **you will be a good mother**?

    -**What** would you say is a good mother?

    -Do you **talk about this** with anyone?

-Do you ever think about whether you will **be a bad mother**?

    -**What** would you say is a bad mother?

    -Do you **talk about this** with anyone?

-What are you **anxious about** (or not looking forward to) in this journey into motherhood?

-What are **looking forward to** in this journey into motherhood?

Appendix III: Interview guide - Heterosexual mothers

INTERVIEW GUIDE - Mothers

I. Demographics

- age
- ethnicity
- marital status
- occupation
- education
- place of residence (e.g. urban, rural, reserve etc.)
- age of child (if in existence)
- partner's age occupation and education
- length of time with partner

II. Pregnancy

-When did you **first tell** people you were pregnant?
    -who did you tell?
    -how did they react?
    -how did you feel about telling them/their reactions?

-Did you wear **maternity clothes**?
    -How did you feel about maternity clothes?

-Was there a point at which you **started feeling like a different person** or felt that other people saw you that way?

-How did you **feel in your body** - attractive etc.?
    -How did people respond to you in terms of your attractiveness?

-Did people **treat you differently** when you were pregnant?

-Did people give you **advice** when you were pregnant?
    -what sort of advice?
    -was this advice solicited or unsolicited?
    -who would you be most likely to ask for advice?
    -what would you be most likely to ask for advice about?
    -did anybody ask you for advice?

-Are/were there any people who **decline(d) to give you advice**?

-How **valuable was contact** with other mothers?

-Were there any **books** that were particularly useful?

-Did people **tell you** about their **experiences with pregnancy, childbirth** and mothering?
    -who told you these things?
    -how did you feel about being told these things?

-Do you remember what you were **looking forward to?**

-Do you remember what you were **anxious about**?

-Nightmares

-Salience of **death**

III. Becoming a Mother

-When did you first **feel like you were a mother** or identify yourself as a mother?
    -what brought this about?
    -how did that feel?

-When did you first think that things that are **directed at mothers** (e.g. magazines, books, ads, etc.) were directed at you?

-When do you think other **people started identifying you** as a mother?
    -which people?
    -how did this feel?

-Are you a **different person** now than before you were a mother?
    -when did this change occur?
    -what brought it about?

-Do you think it **feels different to be a mother** than to not be a mother?
    -how so?

-Was there a sense of entering a **"mommy's club"** or "inner circle" or that sort of thing?
    -what indicated that such a thing exists?
    -did you feel that you belonged?
        -why or why not?
    -how did/do you feel about being/not being a member of the club?

-Has motherhood changed your **relationships with people**?

-with partner
-with friends
-with co-workers
-with strangers
-with siblings and siblings-in-law
-with mother and mother-in-law
-father and father-in-law

IV. Being a Mother

-Do you think there are **things that only a mother could know** or understand?
    -can you tell me bit about what these are?
    -at what point in pregnancy or mothering does one gain this knowledge?
    -what part of this knowledge comes from other mothers and what part comes from experience?
    -how is mother-knowledge transmitted?

-What is **the value of the knowledge that only mothers have**?
    -who is most likely to value it?
    -who is least likely to value it?

-Who do you turn to for advice with mothering questions?

-At what point in pregnancy/mothering can you **start giving advice** about mothering to others?
    -advice about what?
    -given to whom?

-Have you ever thought or felt that you were a **good mother?**
    -why?
    -did/do you talk about this with anyone?

-Have you ever thought or felt that you were a **bad mother?**
    -why?
    -did/do you talk about this with anyone?

-Do you ever feel the need to assert **"hey, I'm still me"**?

V. Being With Other Mothers

-Do you think **mothers have particular ways of speaking** with each other?

-Are there things that **mothers are very likely to discuss** with each other?

-Are there things that **mothers generally would not discuss** with each other?

-Are there things that you feel **you discuss only with another mother**?

-Are there things that **you specifically would not discuss with another mother**?

-Do you think there are **things about mothering that you have learned from other mothers** (or one other mother) that you probably would not have learned otherwise (or would have had a much harder time learning)?

-How do your **conversations with other mothers** generally **make you feel**?
    -about yourself?
    -about yourself as a mother?
    -about your children?
    -about your partner?
    -anything else

-How important is it to you to be able to **talk to other mothers?**

-What are the **hot topics of conversation** among mothers?

  -Topics with lots of **agreement?**

  -Topics that tend to be **contentious**?

-Are there some **groups of mothers** that you feel you **belong to** and some that you do not?
    -explain what these are
    -what group(s) of mothers are you most likely to engage in talk on a casual basis (e.g. strangers in the park, on a bus, etc.)
    -what group(s) of mothers are most likely to engage you in talk on a casual basis?
    -what group(s) of mothers are you most likely to engage in talk on a more intimate basis (not strangers)?
    -what group(s) of mothers are most likely to engage you in talk?

-What have been the **most surprising things** about being a mother?

-What do you **dislike** about motherhood?

-What do you **like** about motherhood?

Appendix III: Interview guide - Lesbian mothers

INTERVIEW GUIDE - Mothers

I. Demographics

- -age
- -ethnicity
- -relationship status
- -occupation
- -education
- -place of residence (e.g. urban, rural, reserve etc.)
- -age of child (if in existence)
- -partner's age occupation and education
- -length of time with partner
- -mode of achieving motherhood

II A. Pregnancy - Biological

-How did you **choose who** would get pregnant?

-Did **anyone know** you were trying to get pregnant?

-When did you **first tell** people you were pregnant?
- -who did you tell?
- -how did they react?
- -how did you feel about telling them/their reactions?

-Was your **feeling "I am pregnant" or "we** are pregnant"?

-Any difference in the **reactions of lesbian/gay and straight** friends?

-Did you wear **maternity clothes**?
- -How did you feel about maternity clothes?

-Was there a point at which you **started feeling like a different person** or felt that other people saw you that way?

-What did you and your **partner** do to make her **feel involved/connected**?

-How did you **feel in your body** - attractive etc.?
- -How did people respond to you in terms of your attractiveness?

-Did people **treat you differently** when you were pregnant?

-pregnancy brain - interpret you through your pregnancy?

-Did people give you **advice** when you were pregnant?
  - -what sort of advice?
  - -was this advice solicited or unsolicited?
  - -who would you be most likely to ask for advice?
  - -what would you be most likely to ask for advice about?
  - -did anybody ask you for advice?

-How **valuable was contact** with other mothers?

-Were there any **books** that were particularly useful?

-Did people **tell you** about their **experiences with pregnancy, childbirth** and mothering?
  - -who told you these things?
  - -how did you feel about being told these things?

-Do you remember what you were **looking forward to?**

-Do you remember what you were **anxious about**?

-Nightmares
-Salience of **death**

II B. Pregnancy - Non-Biological

-How did you **choose who** would get pregnant?

-Did **anyone know** you and your partner were trying to get pregnant?

-When did you **first tell** people that your partner was pregnant?
  - -who did you tell?
  - -how did they react?
  - -how did you feel about telling them/their reactions?

-Was your **feeling "she is** pregnant" **or "we are** pregnant"?

-Any difference in the **reactions of lesbian/gay and straight** friends?

-What is it like to be expecting a baby but not be physically pregnant?

-Did you **feel left out** of the pregnancy?
-what did you and your partner do to make you feel involved?

-Was there any way that you **signified to others** that you were also expecting?
-How did you feel about maternity clothes?

-Was there a point at which you **started feeling like a different person** or felt that other people saw you that way?

-Did people give you **advice** during the pregnancy?
-what sort of advice?
-was this advice solicited or unsolicited?
-who would you be most likely to ask for advice?
-what would you be most likely to ask for advice about?
-did anybody ask you for advice?

-How **valuable was contact** with other mothers?

-Were there any **books** that were particularly useful?

-Did people **tell you** about their **experiences with pregnancy, childbirth** and mothering?
-who told you these things?
-how did you feel about being told these things?

-Do you remember what you were **looking forward to?**

-Do you remember what you were **anxious about**?

-Nightmares

-Salience of **death**

III. Becoming a Mother

-When did you first **feel like you were a mother** or identify yourself as a mother?
-what brought this about?
-how did that feel?

-When did you first think that things that are **directed at mothers** (e.g. magazines, books, ads, etc.) were directed at you?

-When do you think other **people started identifying you** as a mother?

- -which people?
- -how did this feel?

-Are you a **different person** now than before you were a mother?
- -when did this change occur?
- -what brought it about?

-Do you think it **feels different to be a mother** than to not be a mother?
- -how so?

-Was there a sense of entering a **"mommy's club"** or "inner circle" or that sort of thing?
- -what indicated that such a thing exists?
- -did you feel that you belonged?
  - -why or why not?
- -how did/do you feel about being/not being a member of the club?

-Has motherhood changed your **relationships with people**?

- -with partner
- -with friends
- -with co-workers
- -with strangers
- -with siblings and siblings-in-law
- -with mother and mother-in-law
- -father and father-in-law

IV. Being a Mother

-Do you think there are **things that only a mother could know** or understand?

-Who do you turn to for advice with mothering questions?

-Are there any differences between being a **biological and non-biological** mother?

-Balancing **identity as mother and identity as lesbian**
- -how do you assert each of these?
- -do they ever come into conflict?
- -where are both recognized?
- -where is only one or the other recognized?

-Have you ever thought or felt that you were a **good mother?**
- -why?
- -did/do you talk about this with anyone?

-Have you ever thought or felt that you were a **bad mother?**
    -why?
    -did/do you talk about this with anyone?

-Do you ever feel the need to assert "**hey, I'm still me**"?

V. Being With Other Mothers

-Are there things that you feel **you discuss only with another mother**?

-Are there things that **you specifically would not discuss with another mother**?

-are **lesbians marginalized** in heterosexual maternal discourse because **not talking about** sex or complaining about non-contributing husband?

-Do you think there are **things about mothering that you have learned from other mothers** (or one other mother) that you probably would not have learned otherwise (or would have had a much harder time learning)?

-How do your **conversations with other mothers** generally **make you feel**?
    -about yourself?
    -about yourself as a mother?
    -about your children?
    -about your partner?
    -anything else

-**How important** is it to you to be able to **talk to other mothers?**

-What are the **hot topics of conversation** among mothers?

    -Topics with lots of **agreement?**

    -Topics that tend to be **contentious**?

-What have been the **most surprising things** about being a mother?

-What do you **dislike** about motherhood?

-What do you **like** about motherhood?